State of Alaska
FY2010 Governor's Operating Budget

Department of Health and Social Services
Performance Measures

Contents

Department of Health and Social Services

Mission

To promote and protect the health and well being of Alaskans.

Core Services

- Provide the highest quality of life in a safe home environment for older Alaskans and Veterans.
- Manage an integrated and comprehensive behavioral health system based on sound policy, effective practices, and open partnerships.
- Promote stronger families, safer children.
- Manage health care coverage for Alaskans in need.
- Hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.
- Provide self-sufficiency and basic living expenses to Alaskans in need.
- Protect and promote the health of Alaskans.
- Promote the independence of Alaskan seniors and persons with physical and developmental disabilities.
- Provide quality administrative services in support of the Department's mission.

End Result	Strategies to Achieve End Result
A: Outcome Statement #1: Eligible Alaskans and Veterans will live in a safe environment. Target #1: Reduce resident serious injury rate Status #1: In FY 2008, the medication error rate decreased to .14% while medications administered increased to an average of 488,184 per fiscal quarter, up from 434,464 in FY 2006. In FY 2008, our sentinel event injury rate from falls decreased to 1.73%, down from 2.9% in FY 2007.	**A1: Improve the medication dispensing and administration system.** Target #1: Less than one percent medication error rate, which is one-half the low end of the national standard range Status #1: In FY 2008, the medication error rate decreased to .14% while medications administered increased to an average of 488,184 per fiscal quarter, up from 434,464 in FY 2006. **A2: Reduce the number of residents' serious injuries from falls.** Target #1: Less than two percent injury rate, which is the low end of the National Safety Council's range of two to six percent Status #1: In FY 2008, our sentinel event injury rate from falls decreased to 1.73%, down from 2.9% in FY 2007.

End Result	Strategies to Achieve End Result
B: Outcome Statement #2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems. Target #1: To reduce the number/percentage of children in out-of-state placement by 50 children annually over the next seven years.	**B1: Provide enhancements to prevention and early intervention services.**

Status #1: From FY2006 to FY2007 the number of children in out of state placement was reduced from 743 to 596. Target #2: To reduce the rate of suicides in Alaska to 10.6 deaths per 100,000 population. Status #2: In CY2006 there were 20.0 suicides for all ages per 100,000 population, almost double the national average of 10.7. Target #3: Reduce 30-day readmission rate for API to 10%. Status #3: API's admission rate increased 3% from 1,231 patients in FY2007 to 1,270 in FY2008 and the readmission rate increased .7%, from 13.5% in FY2007 to 14.2% in FY2008.	
End Result	**Strategies to Achieve End Result**
C: Outcome Statement #3: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect. Target #1: Decrease the rate of substantiated allegations of child abuse and neglect in Alaska. Status #1: Alaska experienced an 8% decrease in the rate of child abuse and neglect per 1,000 children from FY 2007 to FY 2008. Target #2: To decrease the rate of repeat maltreatment to meet or exceed the national standard of 5.4%. Status #2: Alaska's rate of repeat maltreatment increased by 3% from FY 2007 to FY 2008. However, both FY 2007 and FY 2008 represent an approximate 17% decrease in repeat maltreatment from FY 2006. Target #3: Decrease the percentage of substantiated maltreatment by out-of-home providers. Status #3: The rate of maltreatment in out of home care is above the national rate of .32% in 2008. Target #4: Reduce the rate of staff turnover and increase the number of workers providing direct services at any given time. Status #4: The Office of Children's Services frontline worker vacancy rates have decreased by 4% from FY 2006 to FY 2008 while turnover rates have increased 5% during that same time period.	**C1: Implementation of new safety assessment model to provide front line workers with a better tool to identify safety issues in the home.** **C2: Children placed outside of the home are protected from further abuse and neglect.** **C3: Retain an effective and efficient workforce.**
End Result	**Strategies to Achieve End Result**
D: Outcome Statement #4: To provide quality management of health care coverage services to providers and clients. Target #1: Decrease average response time from receiving a claim to paying a claim.	**D1: Continue to develop new Medicaid Management Information System (MMIS).**

Status #1: The division has decreased the average time to pay a claim from 18 days to 11 days from FY2007 to FY2008. This represents a 39% reduction. Target #2: Increase the percentage of adjudicated claims paid with no provider errors. Status #2: The percentage of claims without error and paid within ten days decreased to 70% in FY2008 compared to 72% in FY2007. Target #3: Reduce the rate of Medicaid payment errors. Status #3: Since payment errors are frequently related to lack of appropriate documentation of services, improved provider training and outreach on required documentation for Medicaid payment is underway.	
End Result	**Strategies to Achieve End Result**
E: Outcome Statement #5: Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety. Target #1: Reduce percentage of juveniles who reoffend following release from institutional treatment facilities to less than 33%. Status #1: The recidivism rate as defined for youth released from institutional treatment in F06 was 41%, a slight increase in comparison to previous fiscal years. Target #2: Reduce percentage of juveniles who reoffend following completion of formal court-ordered probation supervision to less than 33%. Status #2: The recidivism rate as defined for juveniles who completed formal court-ordered probation was 28%, identical to that identified in the previous two years. Target #3: Alaska's juvenile crime rate will be reduced by 5% over a two-year period. Status #3: The number of reports of juvenile crime made to the Division of Juvenile Justice declined 4.75% between fiscal years 2007 and 2008 and declined 2.6% between fiscal years 2006 and 2008. Target #4: Divert at least 70% of youth referred to the Division away from formal court processes as appropriate given their risks, needs, and the seriousness of their offenses. Status #4: The proportion of juveniles with at least one case (a criminal charge in a report from law enforcement alleging a juvenile perpetrator) diverted from the formal court process remained high, at 78%.	**E1: Implement and review information from research-based assessment tools, and incorporate practices proven to reduce recidivism and criminal behavior among youth.**
End Result	**Strategies to Achieve End Result**
F: Outcome Statement #6: Low income families and individuals become economically self-sufficient.	**F1: 90% of temporary assistance families leave with earnings and do not return for six months.**

Target #1: Increase self-sufficient individuals and families by 10%. Status #1: In FY08, the Alaska Temporary Assistance Program showed a 6% decline in the number of families receiving benefits.	**F2: Increase the percentage of temporary assistance families with earnings.** **F3: Increase the percentage of temporary assistance families meeting federal work participation rates.** **F4: Improve timeliness of benefit delivery.** **F5: Improve accuracy of benefit delivery.** **F6: Increase the percentage of subsidy children in licensed care.**
End Result	**Strategies to Achieve End Result**
G: Outcome Statement #7: Healthy people in healthy communities. Target #1: 80% of all 2 year olds are fully immunized. Status #1: In 2007, Alaska ranked 45th in the country for fully immunized two year olds at 70.1%. Target #2: Reduce post-neonatal death rate to 2.3 per 1,000 live births by Healthy Alaskans 2010. Status #2: Post neonatal death rate for 2007 was 3.0 per 1,000 live births which is above the target of 2.3 per 1,000 live births by Healthy Alaskans 2010. Target #3: Decrease diabetes in Alaskans. Status #3: 5.7% adult diabetes prevalence for 2005-2007; prevalence has increased 40% since 1998-2000. Target #4: Decrease Alaska's adult obesity rate to less than 18%. Status #4: 28.2% adult obesity prevalence for 2007 continues worsening trend and greater than the national average of 26.3%.	**G1: Strengthen public health in strategic areas.**
End Result	**Strategies to Achieve End Result**
H: Outcome Statement #8: Senior and physically and/or developmentally disabled Alaskans live independently as long as possible. Target #1: Increase the number of DD waiver recipients receiving Supported Employment Services. Status #1: There is a slight increase to utilization of the supported employment Medicaid waiver service in recent years. SDS will encourage increased usage in future years as appropriate.	**H1: Promote independent living and provide preadmission screening to nursing homes.**
End Result	**Strategies to Achieve End Result**
I: Outcome Statement #9: The efficient and effective	

delivery of administrative services. Target #1: Reduce the average response time for complaints/inquiries to 14 days. Status #1: In FY08, the HSS Commissioner's office succeeded in meeting the goal of responding within 14 days of receiving a complaint or inquiry. Target #2: Reduce by 5% per year processing time for key indicators. Status #2: In FY08 the department reduced processing days for grant awards and legislative inquiries. Processing time for purchase requisitions and invoices increased. Capital Grant Awards remained the same.	

FY2010 Resources Allocated to Achieve Results

FY2010 Department Budget: $2,101,336,600

Personnel:	
Full time	3,465
Part time	95
Total	3,560

Performance

A: Result - Outcome Statement #1: Eligible Alaskans and Veterans will live in a safe environment.

Target #1: Reduce resident serious injury rate
Status #1: In FY 2008, the medication error rate decreased to .14% while medications administered increased to an average of 488,184 per fiscal quarter, up from 434,464 in FY 2006.
In FY 2008, our sentinel event injury rate from falls decreased to 1.73%, down from 2.9% in FY 2007.

Analysis of results and challenges: Increasing age and acuity levels of Pioneer Homes residents creates a challenge in reducing adverse events that result in serious injury. By properly utilizing the strength of trending and tracking information available in the division's risk analysis program, the Homes are able to identify times, places, individual staff and conditions that hold inherent risk. Action plans to address risk help the Homes prevent errors, reduce the number of serious injury events, and reduce the severity of injury.

A1: Strategy - Improve the medication dispensing and administration system.

Target #1: Less than one percent medication error rate, which is one-half the low end of the national standard range
Status #1: In FY 2008, the medication error rate decreased to .14% while medications administered increased to an average of 488,184 per fiscal quarter, up from 434,464 in FY 2006.

Fiscal Year Medication Error Rate

Year	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD Total
2009	0.15%	0	0	0	0
2008	0.16%	0.13%	0.15%	0.12%	0.14%
2007	0.19%	0.22%	0.15%	0.14%	0.18%
2006	0.19%	0.15%	0.16%	0.12%	0.17%
2005	0.08%	0.09%	0.09%	0.14%	0.10%
2004	0.07%	0.11%	0.06%	0.07%	0.08%
2003	0.10%	0.11%	0.09%	0.15%	0.11%
2002	0.07%	0.08%	0.04%	0.05%	0.06%

Methodology: The medication error rate is calculated by taking the number of medication errors per quarter divided by the total number of medications taken by all Pioneer Home residents in the same quarter.

Analysis of results and challenges: The Centers for Medicare and Medicaid Services, which licenses nursing facilities throughout the United States, considers a five percent medication error rate acceptable.

The Pioneer Home system collects medication information at the individual Pioneer Home level and aggregates the numbers for reporting at the division level. In 2008, Pioneer Home staff administered an average of 488,184 individual medications each quarter.

All care processes are vulnerable to error, yet several studies have found that medication-related activities are the most frequent type of adverse event. Medication administration errors are the traditional focus of incident reporting programs because they are often the types of events that identify a failure in other processes in the system. A wrong medication may be administered because it was prescribed, transcribed, or dispensed incorrectly. The division uses a system-wide risk reporting program that tracks medication errors, and allows the collected data to be reported and trended for use in identifying risks. Trending the cause of the error tends to provide the most useful information in designing strategies for preventing future errors.

A2: Strategy - Reduce the number of residents' serious injuries from falls.

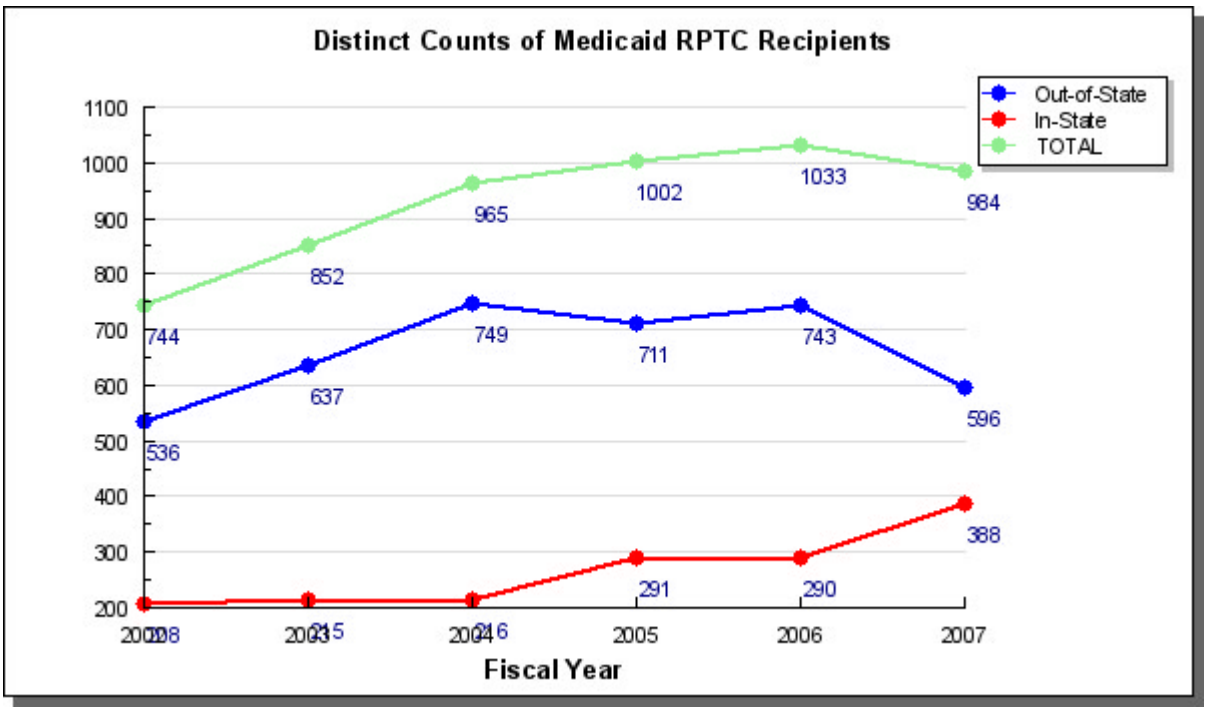
Target #1: Less than two percent injury rate, which is the low end of the National Safety Council's range of two to six percent

Status #1: In FY 2008, our sentinel event injury rate from falls decreased to 1.73%, down from 2.9% in FY 2007.

B: Result - Outcome Statement #2: Improve and enhance the quality of life for Alaskans with serious behavioral health problems.

Target #1: To reduce the number/percentage of children in out-of-state placement by 50 children annually over the next seven years.

Status #1: From FY2006 to FY2007 the number of children in out of state placement was reduced from 743 to 596.



Methodology: Data appears in the "DHSS BTKH Annual Report 07" (see link below), as provided by the Division of Behavioral Health, Policy and Planning Unit using MMIS-JUCE extracts. Data represents an unduplicated count of RPTC beneficiaries.

Distinct Counts of Medicaid RPTC Recipients

Fiscal Year	Out-of-State	In-State	TOTAL
FY 2007	596	388	984
FY 2006	743	290	1033
FY 2005	711	291	1002
FY 2004	749	216	965
FY 2003	637	215	852
FY 2002	536	208	744

Analysis of results and challenges: Between FY 1998 and 2004, the unduplicated number of youth with Serious Emotional Disorders (SED) receiving out-of-state Residential Psychiatric Treatment Center (RPTC) care steadily increased - on average 46.7% per year. The RPTC population as a whole also showed steady increase from FY 98-04, an average annual increase of 24.8%.

The Bring the Kids Home (BTKH) Project was initiated during FY 2004. Positive changes are already apparent. Between FY 2004 and 2005 there was a 5.1% reduction in the number of children receiving out-of-state RPTC care, from 749 to 711. Between FY06 and FY07:

* There was a decrease of 19.8% in the number of distinct out-of-state RPTC recipients served.

* There was an increase of 33.8% in the number of distinct RPTC recipients who received services instate. This reflects increased bed capacity and utilization.

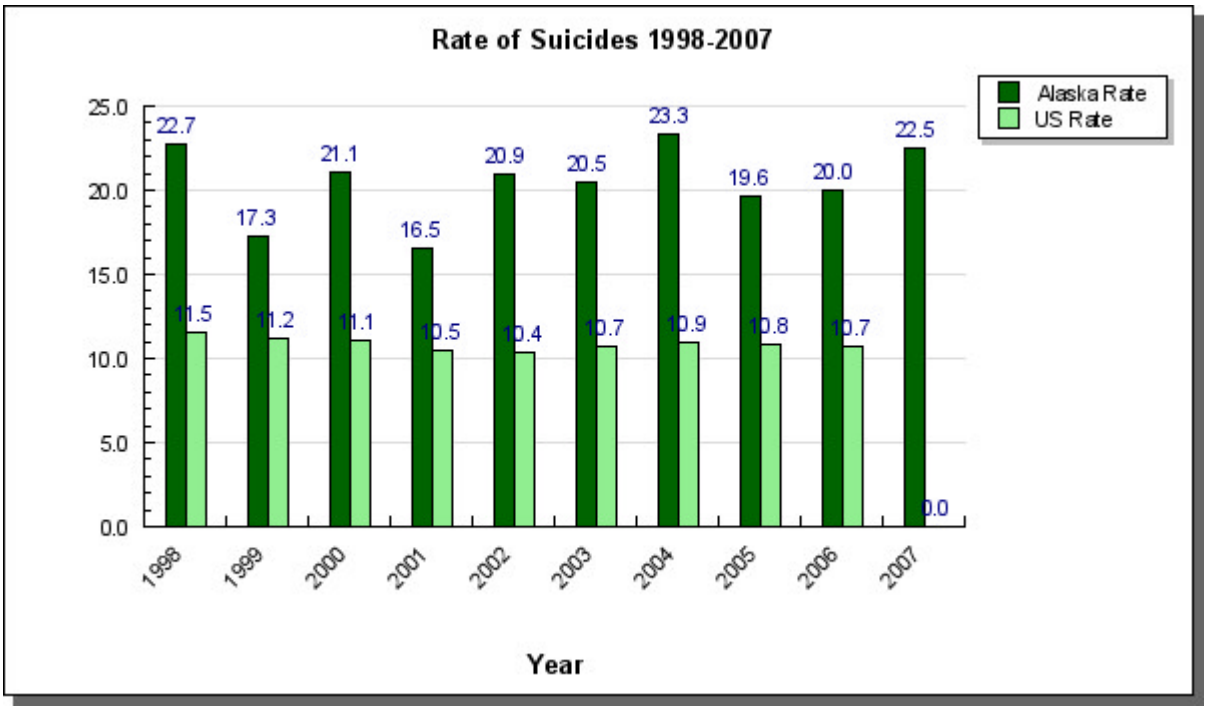
* There was a decrease of 4.8% total RPTC recipients served.

Alaska Statute 47.07.032 requires that the department may not grant assistance for out-of-state inpatient psychiatric care if the services are available in the state. To that end, the department has developed and implemented "diversion" activities, including aggressive case management services that discharge and return children to less restrictive levels of care; utilization review staff implementing gate-keeping protocols with a "level of care" instrument that ensures appropriate placements; and collaboration with community-based providers to augment services at the least restrictive level within a client's home community.

There have also been multiple capital projects initiated to increase the number of beds in-state, some of which became available in FY 07. As more new beds and other programs become available, it is anticipated that there will be further impact on the rate of out-of-state placements.

This project is a collaboration of the Division of Behavioral Health, Division of Juvenile Justice and Office of Children's Services, in partnership with the Alaska Mental Health Trust Authority.

Target #2: To reduce the rate of suicides in Alaska to 10.6 deaths per 100,000 population.
Status #2: In CY2006 there were 20.0 suicides for all ages per 100,000 population, almost double the national average of 10.7.



*Methodology: * Rates are age-adjusted per 100,000 population.*

** The Alaska rate and lives lost count for 2007 are preliminary.*

** US suicide rate for 2006 is preliminary and 2007 data is unavailable at time of publication.*

Rate of Suicides 1998-2007

Year	Alaska Rate	Lives Lost	US Rate
2007	22.5	146	0
2006	20.0	132	10.7
2005	19.6	127	10.8
2004	23.3	154	10.9
2003	20.5	123	10.7
2002	20.9	131	10.4
2001	16.5	103	10.5
2000	21.1	135	11.1
1999	17.3	96	11.2
1998	22.7	131	11.5

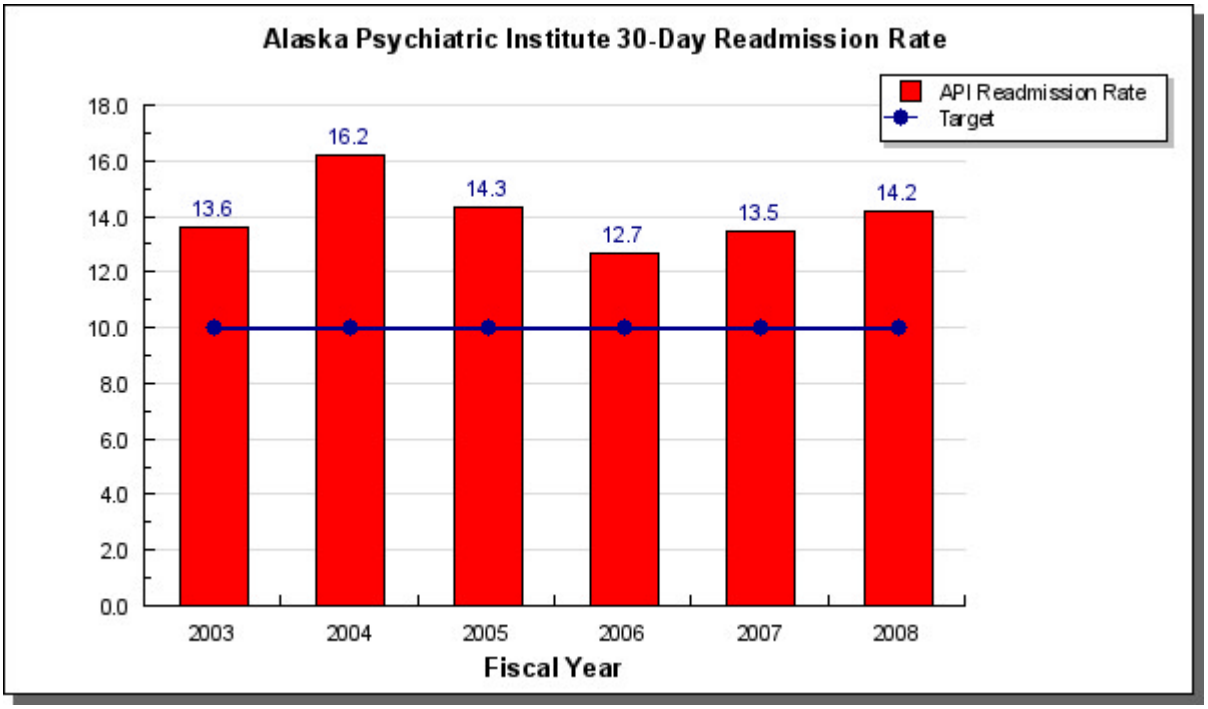
Analysis of results and challenges: Alaska averages 125 suicides per year and has a suicide rate of double the national average. The Healthy Alaskan 2010 target is to reduce Alaska's suicide rate to 10.6 per 100,000. The age adjusted suicide rate for Alaska in 2007 was 22.5 per 100,000. Although we have seen a dip in rates since 2004, it appears that Alaska is once again showing a slight increase, which is consistent with rates seen over the past ten years. These measures reflect the need to improve Alaska's ability to provide a comprehensive and coordinated response between state agencies, Tribal entities, community providers, primary health and emergency response systems, school districts and faith-based organizations.

The State Suicide Prevention Council in close working partnership with Behavioral Health has implemented several projects in an attempt to better understand the complex nature of suicide, the underlying causes, and learning prevention-based strategies that support successful outcomes in order to begin to turn the curve away from the problem. Behavioral Health and Prevention and Early Intervention Services administer grants for comprehensive suicide prevention programs and services and provides technical training and assistance. Training topics include the Alaska Suicide Prevention Plan; community-based planning methods including identification of need, resources, readiness and capacity to provide services; understanding risk and protective factors associated with suicide in their respective community; and how to effectively collaborate with state and local partners to create a long term impact that is both sustainable and culturally competent. Behavioral Health has also recently introduced the Alaska Gatekeeper Suicide Prevention Training designed and targeted specifically for Alaska in order to educate and train individuals on the topic of suicide, how to respond to a suicidal person and how to direct resources to reduce risk, promote well being and improve our systems of care.

The Council has also been instrumental in working with the Mental Health Trust beneficiaries to implement the 2007 Alaska Suicide Follow Back Study in an attempt to discover what specific factors in Alaska influence suicide. The study also examined and interviewed family and friends of decedents to learn more about individual characteristics and circumstances that led to suicide. Below is an example of some of the findings.

54% had quit working during the preceding year;
47% were seeing a therapist at the time of their death;
59% had current prescriptions for mental health problems;
65% experienced an event that caused a great deal of shame (such as sexual abuse, child porn, an arrest, etc.);
61% had problems with law enforcement;
20% were abused as children - 80% by their fathers;
50% were seen by a doctor in the last six months;
46% had symptoms of post traumatic stress disorder (PTSD);
62% were active smokers;
33% had prior suicide attempts; and
20% had recent exposure to suicide of a loved one.

Target #3: Reduce 30-day readmission rate for API to 10%.
Status #3: API's admission rate increased 3% from 1,231 patients in FY2007 to 1,270 in FY2008 and the readmission rate increased .7%, from 13.5% in FY2007 to 14.2% in FY2008.



*Methodology: * Data is based on an admissions cohort.*

Alaska Psychiatric Institute 30-Day Readmission Rate

Fiscal Year	API Readmission Rate	Target
FY 2008	14.2	10.0
FY 2007	13.5	10.0
FY 2006	12.7	10.0
FY 2005	14.3	10.0
FY 2004	16.2	10.0
FY 2003	13.6	10.0

Analysis of results and challenges: This measure tracks the percent of admissions to the facility that occurred within 30 days of a previous discharge of the same client from the same facility. For example, a rate of 8.0 means that 8 percent of all admissions were readmissions. This measure is an outcome indicator of continuity of care between the acute care hospital (API) and the behavioral health provider system. The ultimate goal is to have Alaska's rate fall below ten percent.

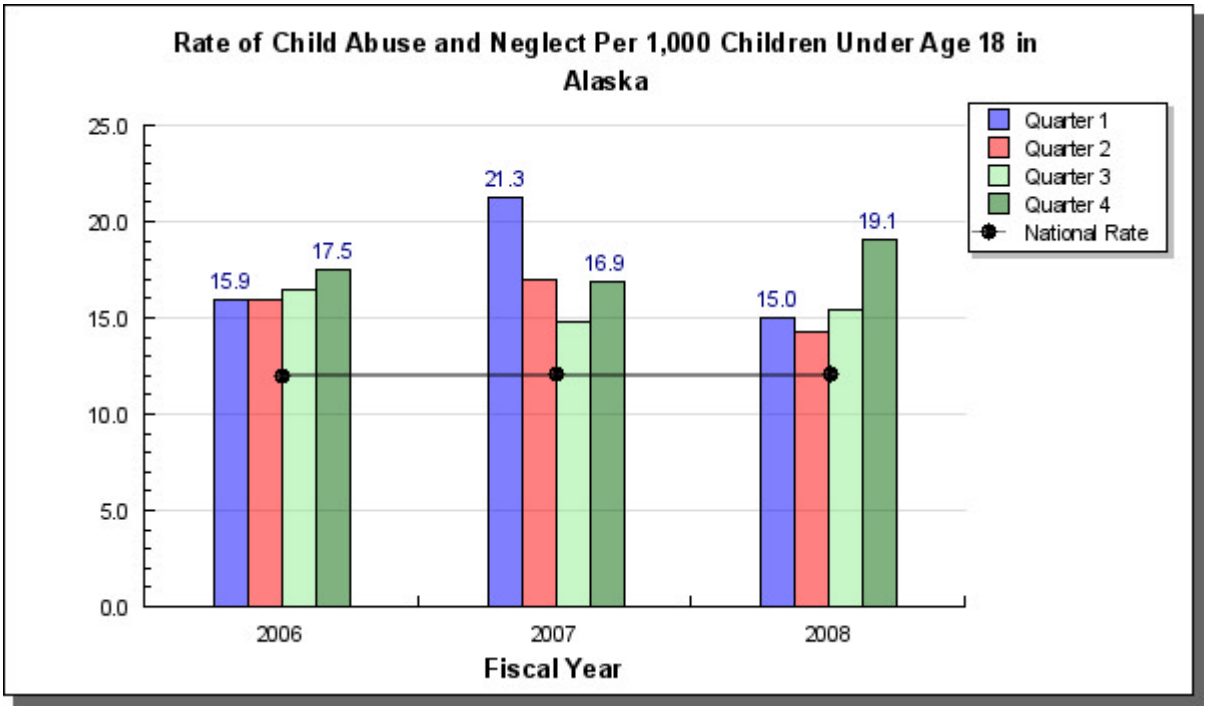
According to data for the first three quarters of FY08, API and the 'system' continue to demonstrate unsatisfactory outcomes. API relocated to a new hospital in July 2005. The success of a 'downsized' state psychiatric hospital was predicated on increased funding for community providers and establishing 18 designated evaluation and treatment beds in Anchorage. These initiatives did not receive planning or funding. As a result, API comes under increasing pressure to shorten length of stays for acutely ill psychiatric patients who ultimately return to the hospital due to lack of adequate supportive housing and case management options.

In FY07, API admitted 1,231 patients of whom 166 returned within 30 days for a 13.5% readmission rate. In FY 08, API has admitted 1,270 patients with 180 of them returning within 30 days, increasing the rate of return to 14.2%.

B1: Strategy - Provide enhancements to prevention and early intervention services.

C: Result - Outcome Statement #3: Children who come to the attention of the Office of Children's Services are, first and foremost, protected from abuse or neglect.

Target #1: Decrease the rate of substantiated allegations of child abuse and neglect in Alaska.
Status #1: Alaska experienced an 8% decrease in the rate of child abuse and neglect per 1,000 children from FY 2007 to FY 2008.



Methodology: Data represents an unduplicated number of children with substantiated abuse or neglect per 1,000 children in the population. The population equals the number of children under the age of 18 years as of the last day of the reporting period. Data for FY 2006 Quarter 1 and 2 represent pre Office of Children's Services Online Resources for the Children of Alaska (ORCA) data system and is not comparable. It is entered here as 15.9, a pre ORCA calculation, in order to provide 3 full years of statistics.

Source: Current Target of 12.1 - United States Department of Health and Human Services Administration for Children and Families, Child Maltreatment, 2005. Release date March 30, 2007.

Rate of Child Abuse and Neglect Per 1,000 Children Under Age 18 in Alaska

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	National Rate
FY 2008	15.0	14.3	15.4	19.1	12.1
FY 2007	21.3	17	14.8	16.9	12.1
FY 2006	15.9	15.9	16.5	17.5	12
FY 0	0	0	0	0	0

Analysis of results and challenges: The goal of the Office of Children's Services is to protect children from abuse and neglect. Measuring the success of children's services agencies can be done, in part, through the number of substantiated child protective services reports received per 1,000 children under the age of 18 in the state.

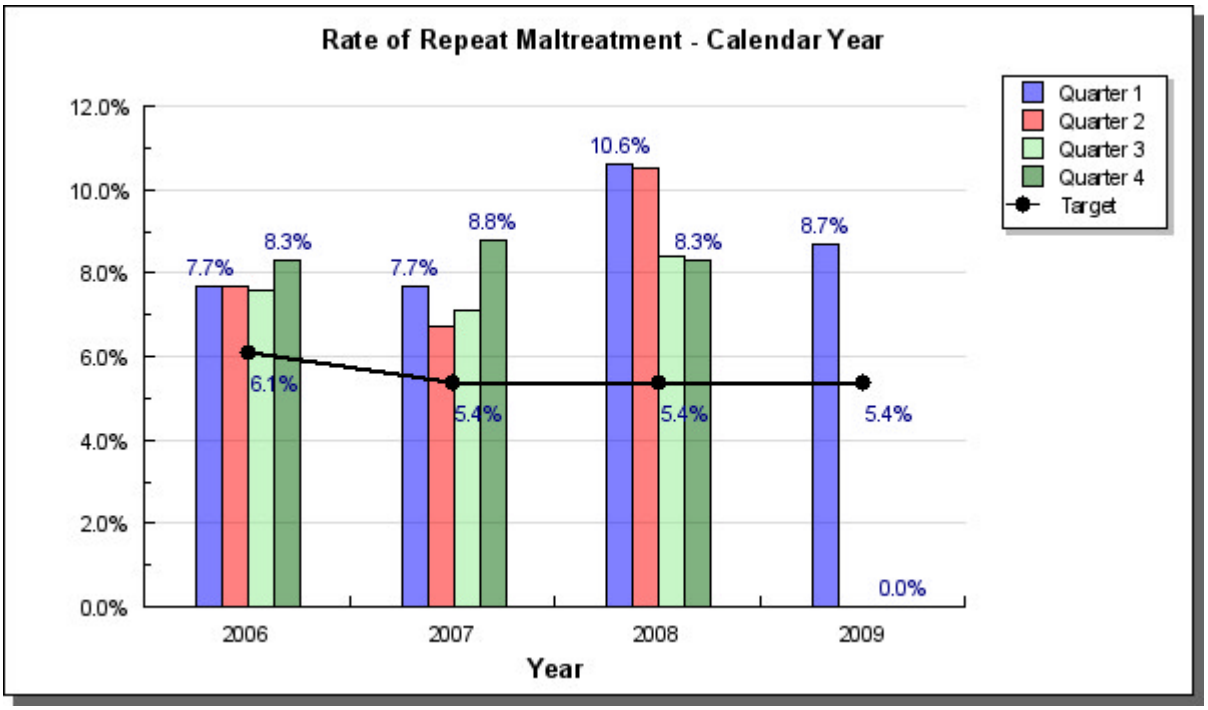
In FY 2004, national levels of substantiated abuse and neglect per 1,000 children, as determined by the Administration for Children and Families, was 12. New data released for 2005 indicates national levels at 12.1. This increase represents approximately 20,000 victims nationwide.

Alaska's rate averaged 15.9 in FY 2008. This is a drop of 1.5 victims from the FY 2007 rate - an 8% decrease.

The Office of Children's Services is continuing to perfect our new safety decision making practice. The new model has proved to be more of a paradigm shift than was previously anticipated; therefore the implementation efforts of new practice standards is taking dedicated staff time and training. The new model of working with families will lead to improved outcomes for the children and families needing OCS intervention. New practice standards have revealed that additional specialized training is necessary and is being pursued through the University of Alaska.

One of the fundamental differences in the new model requires workers to do an assessment of the entire family and their overall functioning and to look beyond whether the abuse or neglect is substantiated or not substantiated. In the past, workers focused just on the maltreatment itself and did not address other issues going on in the home. This resulted in missed opportunities to engage families in remedial services to avoid subsequent abuse and neglect to the child. Further, the new model helps workers to understand the essential differences in whether the child is unsafe or at risk. Unsafe determinations require OCS intervention, while risk factors may necessitate a referral to community resources. This will result in better identification of families that must be served by the child protective services system versus those that can be served by other resources.

Target #2: To decrease the rate of repeat maltreatment to meet or exceed the national standard of 5.4%.
Status #2: Alaska's rate of repeat maltreatment increased by 3% from FY 2007 to FY 2008. However, both FY 2007 and FY 2008 represent an approximate 17% decrease in repeat maltreatment from FY 2006.



Methodology: Data Source: National Child Abuse and Neglect Data System and Alaska's Online Resources for the Children of Alaska (ORCA). FY 2006 quarters 1 and 2 are pre-ORCA and not perfectly comparable. They are included here to provide 3 full years of data.

Target: National standards set by the Administration for Children an Families of 5.4%.

Rate of Repeat Maltreatment - Calendar Year

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Target
2009	8.7%	0	0	0	5.4%
2008	10.6%	10.5%	8.4%	8.3%	5.4%
2007	7.7%	6.7%	7.1%	8.8%	5.4%
2006	7.7%	7.7%	7.6%	8.3%	6.1%

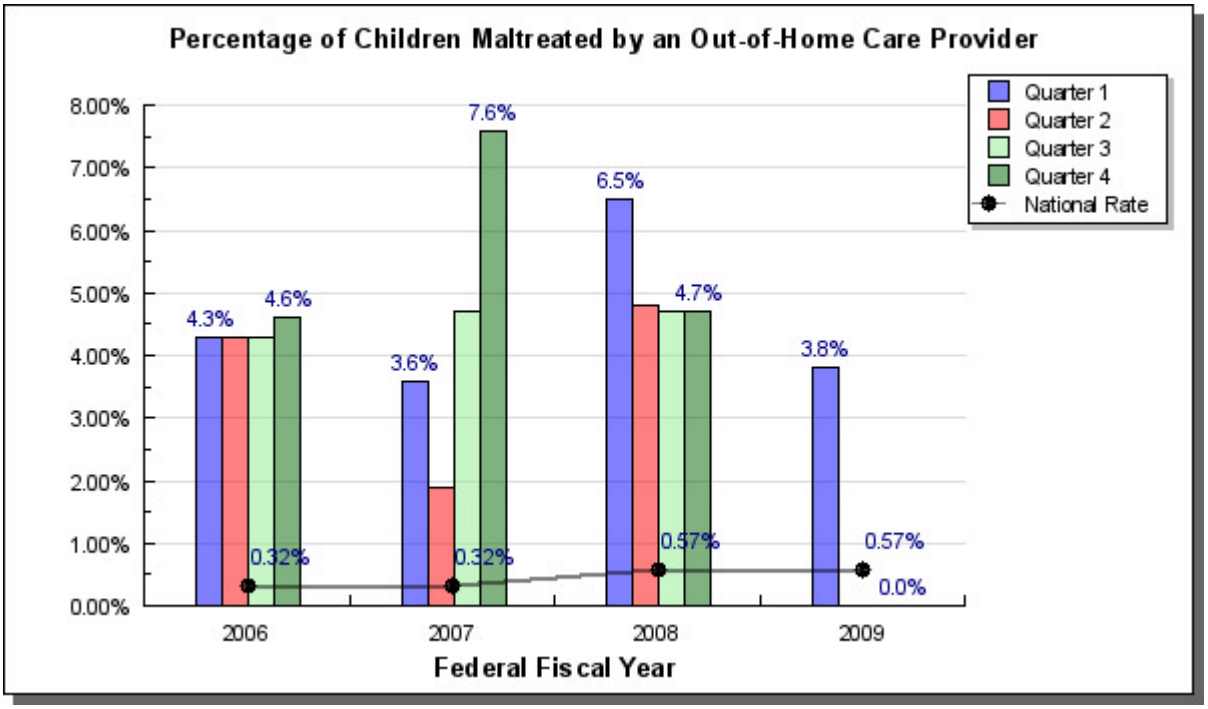
Analysis of results and challenges: Alaska's FY 2008 average rate 7.8% for repeat maltreatment is a slight increase from the FY 2007 rate of 7.6%. More importantly, FY 2007 and FY 2008 represent a significant decrease in the rates from the 9.5% recorded in FY 2006.

Repeat maltreatment is defined as the percentage of children who were victims of substantiated abuse or neglect during the first 6 months of the reporting year who experienced another substantiated incident within a 6-month period. Alaska's rate of repeat maltreatment, while improving, is still high. A protocol has been developed to more closely examine past investigations resulting in a substantiated finding of abuse or neglect. If there have been past substantiated investigations, the OCS worker will review the previous record to ascertain whether the newly reported allegations are against the same child by the same maltreater. If so, the worker and his/her supervisor will devise a strategy for intervention for the current investigation acknowledging that there may be a pattern of abuse that needs to be recognized. The supervisor will closely monitor the progress of the investigation and ensure the appropriate actions are taken to protect the child from further abuse.

The OCS is working for continued improvements in the number of repeat maltreatment cases not only due to the improved business practices. Business practices continue to be upgraded as the OCS is receiving technical assistance from the Annie E. Casey Foundation and the Administration for Children and Families to improve the approach to foster care.

In addition, the OCS has implemented restructuring the administration of foster care and adoptions by moving all of the work to one section and moving the supervision and decision making from the field up through state office to alleviate any conflicts of interest.

Target #3: Decrease the percentage of substantiated maltreatment by out-of-home providers.
Status #3: The rate of maltreatment in out of home care is above the national rate of .32% in 2008.



Methodology: Source: Online Resources for the Children of Alaska (ORCA) data system for the National Child Abuse and Neglect Data System (NCANDS) and federal Adoption and Foster Care Analysis and Reporting System (AFCARS).

Source: Target of .32% - United States Department of Health and Human Services Administration for Children and Families, Child Maltreatment, 2005.

Percentage of Children Maltreated by an Out-of-Home Care Provider

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	National Rate
FFY 2009	3.8%	0	0	0	.57%
FFY 2008	6.5%	4.8%	4.7%	4.7%	.57%
FFY 2007	3.6%	1.9%	4.7%	7.6%	.32%
FFY 2006	4.3%	4.3%	4.3%	4.6%	.32%

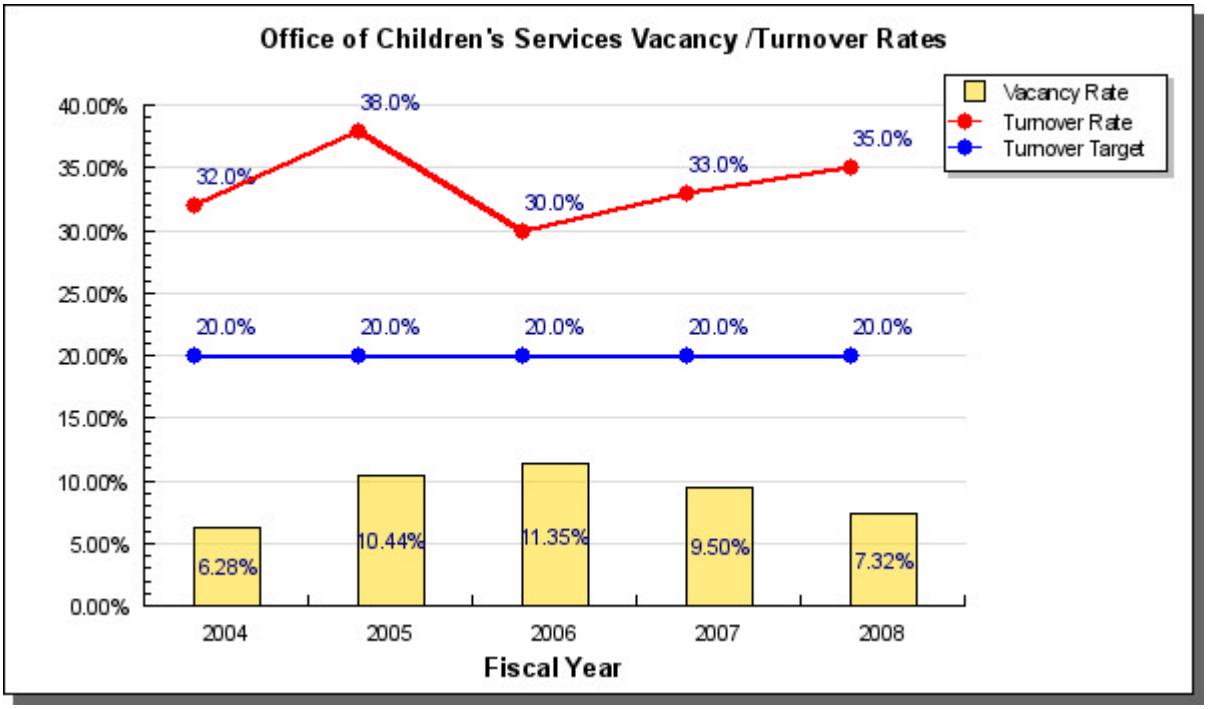
Analysis of results and challenges: The percentages of maltreatment have averaged 4.6% for the past 3 years. Some improvement was noted in FY 2007 but the percentage increased by .72% in FY 2008.

Maltreatment rates high above national standards in out of home care are believed to be an indicator that there are not enough foster homes. The pool of resources from which to make the best possible match for children needing placement and foster parents best able to meet the needs of a particular child is too small. The Office of Children's Services has increased its efforts to obtain and license foster homes across the state with particular efforts in the rural areas.

OCS continues to work toward improved business practices through the use of technical assistance and increased foster and child care rates to assure foster parents will not need to continue to absorb the cost of care for foster children.

Target #4: Reduce the rate of staff turnover and increase the number of workers providing direct services at any given time.

Status #4: The Office of Children's Services frontline worker vacancy rates have decreased by 4% from FY 2006 to FY 2008 while turnover rates have increased 5% during that same time period.



Methodology: This vacancy and turnover analysis is an update of past analysis and is based on the same methodology used by the Department of Administration, Division of Personnel in compiling their workforce analysis. Vacancy and turnover analyses are based on vacancies in the Children's Services Specialist I, II, and III and the Social Worker (CS) I, II, III, and IV job class series. Data is collected from the State of Alaska Payroll System. This analysis compiles complete fiscal year data.

Turnover rate represents the number of times a position becomes vacant in the Frontline Social Worker component due to an incumbent leaving the position. Reasons for leaving include, but are not limited to, resignation, separation, termination, voluntary demotion, promotion, retirement, or non-retention.

Vacancy rate represents the total number of positions vacant divided by the number of positions in the job class series. The analysis compiles data from the fiscal year and records the length of time a position is vacant so that multiple vacancies for any one position are counted.

Office of Children's Services Vacancy /Turnover Rates

Fiscal Year	Vacancy Rate	Turnover Rate
FY 2008	7.32%	35%
FY 2007	9.5%	33%
FY 2006	11.35%	30%
FY 2005	10.44%	38%
FY 2004	6.28%	32%

Analysis of results and challenges: Children's Services frontline worker turnover rates are still extremely high and disruptive. It should be noted that rates presented in this measure include transfers within the division, department, or state. Of the 92 empolyee that turned over in FY 2008, 24% of them were transfers.

Vacancy rates have decreased by 2.2% from FY 2007 to FY 2008 and 5% from FY 2006. This may be indicative of better hiring practices.

Since May of 2006 when the Office of Children's Services received the final Hornsby Zeller Associates, Inc. workload study the OCS had been engaged in gradual, incremental changes to personnel that include transferring

positions from overstaffed offices to understaffed offices until such time as data regarding caseload and workload trends could be established.

Of the 17 positions recommended in the study needed to handle the state's entire caseload as mandated by state and federal policy guidelines, the OCS received 6 new frontline positions in FY 2008 and 7 new frontline positions in FY 2009. In addition, 3 administrative staff were requested and approved.

Work on a comprehensive plan to address retention, recruitment and selection of front line staff continues. OCS has not yet realized the kind of success needed from retention and recruitment efforts. There are a number of efforts currently underway and the plan is constantly evaluated and revised as new ideas and efforts are explored. In addition, the Governor's Executive Order 287 has shored up OCS efforts with the involvement of state human resource staff.

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C1: Strategy - Implementation of new safety assessment model to provide front line workers with a better tool to identify safety issues in the home.

C2: Strategy - Children placed outside of the home are protected from further abuse and neglect.

C3: Strategy - Retain an effective and efficient workforce.

D: Result - Outcome Statement #4: To provide quality management of health care coverage services to providers and clients.

Target #1: Decrease average response time from receiving a claim to paying a claim.
Status #1: The division has decreased the average time to pay a claim from 18 days to 11 days from FY2007 to FY2008. This represents a 39% reduction.

Operation Performance Summary-Annual Average Days /Entry Date to Claims Paid Date

Fiscal Year	Medicaid Claims	Avg Days	Days Changed
FY 2009	2,047,064	2	-9
FY 2008	7,293,304	11	-7
FY 2007	7,263,956	18	6
FY 2006	7,721,709	12	-1
FY 2005	7,903,523	13	3
FY 2004	6,690,344	10	0
FY 2003	5,615,072	10	-2
FY 2002	4,959,864	12	0
FY 2001	4,409,121	12	2
FY 2000	3,720,254	10	0

Methodology: Chart Notes
1. Between FY02 and FY03 reports were based on six months of data. Since FY04 reports are based on annual data.
2.A word of caution. FY09 numbers are for first quarter only while all other years are based on 12 months of data
Source: MARS MR-0-08-T.
No national average available.

Analysis of results and challenges: Average days to pay between FY 2007 and FY 2008 decreased from 18 days to 11 days.

Three new initiatives, two in the second half of FY 2006 and the other in first quarter 2007 may provide explanations for the increase of average days. The Personal Care Program instituted a prior authorization process during the third quarter 2006. As part of this new initiative, claims became subject to prior authorization editing. Additionally, regulatory changes for certain Durable Medical Equipment (DME) high-volume supplies occurred during the second half of FY 2006. This resulted in additional claims pending for evaluation and pricing. Lastly, during the first quarter

2007, several new home and community-based waiver program edits were initiated.

Adding to the hindrance, the Department of Health and Social Services' (HSS) contractor experienced a data entry backlog as they converted from outsourced data entry services to in-house data entry. The decease from FY2007 to third quarter FY2008 is a result of completion of training and increased staff proficiecy.

All of the above would have had impact on processing time.

Target #2: Increase the percentage of adjudicated claims paid with no provider errors.
Status #2: The percentage of claims without error and paid within ten days decreased to 70% in FY2008 compared to 72% in FY2007.

Error Distribution Analysis-Change in the percentage of adjudicated claims paid with no provider errors

Fiscal Year	Medicaid Claims Pd	% No Errors	% Change
FY 2009	1,538,356	68%	-2%
FY 2008	5,562,537	70%	-2%
FY 2007	5,606,347	72%	-2%
FY 2006	6,082,318	74%	2%
FY 2005	6,150,027	72%	-4%
FY 2004	5,106,692	76%	3%
FY 2003	4,776,730	73%	-1%
FY 2002	4,202,677	74%	1%
FY 2001	3,670,331	73%	1%
FY 2000	3,076,978	72%	0

Methodology: Chart Notes
1. Between FY01 and FY03 reports were based on six months of data. Since FY04 reports are based on annual data.
2. This measure was updated annually through FY 2005; beginning with FY 2006, it is being updated quarterly.
3. FY09 numbers are for first quarter of FY09
4. Source: MARS MR-0-11-T.

Analysis of results and challenges: Error distribution analysis is designed to capture the percentage of adjudicated claims paid with no provider errors. To ensure correct claim submission from providers, Health Care Services works with providers to resolve problem areas and to get claims paid. First Health, Medicaid's fiscal agent, provides training to providers on billing procedures, publishes billing manuals, and has a website for providers with information tailored to each provider type.

During FY2006, the Department of Health and Social Services (HSS) had two major initiatives that impacted pharmacy: Pharmacy Cost Avoidance and Medicare Part D.

Prior to Pharmacy Cost Avoidance, HSS, as the State Medicaid Agency, paid the pharmacy claims for recipients who had insurance primary to Medicaid and then attempted to recover the costs from liable third parties. The Pharmacy Cost Avoidance initiative changed this practice and therefore the number of claims denied because of other insurance coverage is significant.

Additionally, Medicare Part D required HSS to deny pharmacy claims for Medicare-covered drugs for those recipients of both Medicaid and Medicare. Previously, Medicaid paid for this same population. This results in a significant denial of claims.

These major changes to the Pharmacy program were surely noteworthy enough to result in the decrease of claims paid, and as such, claims paid without error.

Target #3: Reduce the rate of Medicaid payment errors.
Status #3: Since payment errors are frequently related to lack of appropriate documentation of services, improved provider training and outreach on required documentation for Medicaid payment is underway.

Error Analysis - Percent Claims Paid with No Errors

Year	Total Claims Paid (FY)	% Paid with no Errors
2008	4,127,303	70%
2007	1,363,276	72%
2006	6,082,318	74%
2005	6,150,027	72%
2004	5,106,692	76%
2003	4,776,730	73%

Methodology: FY03 reports were based on six months of data.
Since FY04, reports have been based on annual data.
FY08 numbers are based on claims paid through third quarter of FY2008.

Analysis of results and challenges: The Improper Payments Information Act of 2002 (Public Law 107-300) requires Federal agencies to annually review and identify those programs and activities that may be susceptible to significant erroneous payments, estimate the amount of improper payments and report those estimates to the Congress, and if necessary, submit a report on actions the agency is taking to reduce erroneous payments. The effect of this rule is that states are now to be required to produce improper payment estimates for their Medicaid and SCHIP programs and to identify existing and emerging vulnerabilities.

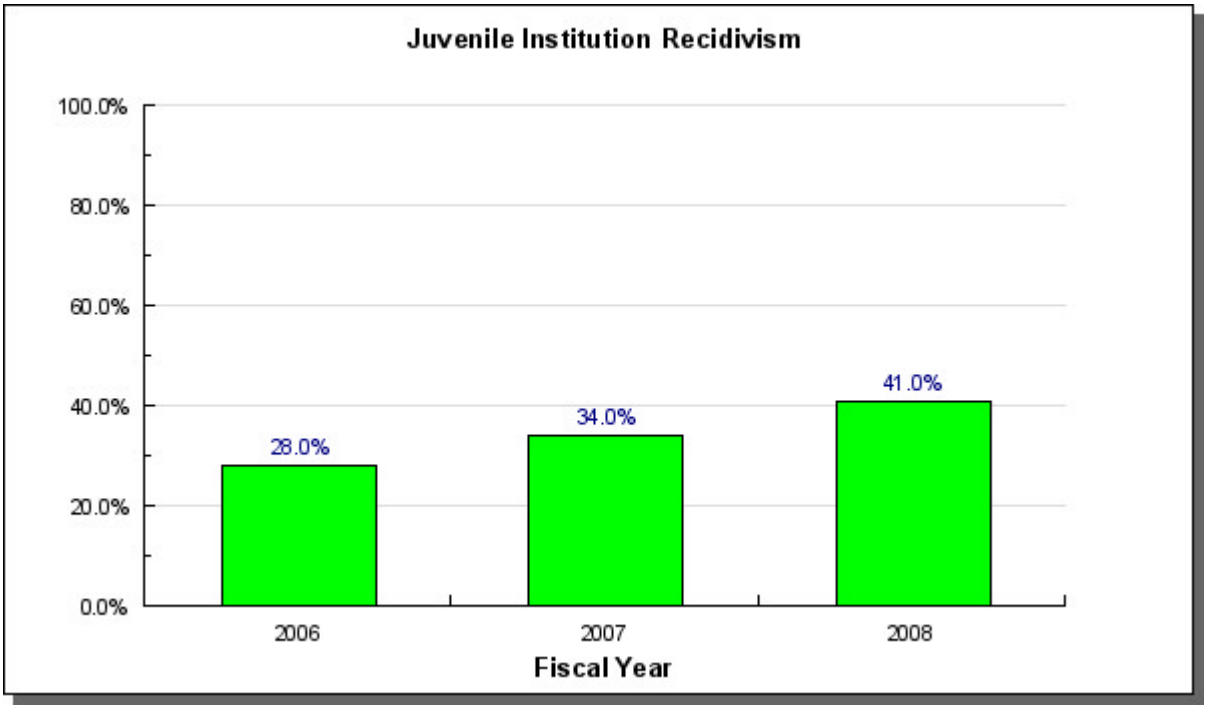
The PERM program commenced nationally on July 1, 2005 with Phase I and one-third of the states participated. Alaska is a year 3 state and will be required to participate during calendar year 2007. There will be an impact on the resources in each division managing Medicaid Services to assist the PERM staff with access to policies, procedures and data. Division staff may be called upon to assist in the interpretation of medical records pertaining to claims associated with services that division manages. The PERM process includes expectations for corrective actions. Divisions will need resources to implement corrective actions resulting from PERM findings.

D1: Strategy - Continue to develop new Medicaid Management Information System (MMIS).

E: Result - Outcome Statement #5: Improve juvenile offenders' success in the community following completion of services resulting in higher levels of accountability and public safety.

Target #1: Reduce percentage of juveniles who reoffend following release from institutional treatment facilities to less than 33%.

Status #1: The recidivism rate as defined for youth released from institutional treatment in F06 was 41%, a slight increase in comparison to previous fiscal years.



Juvenile Institution Recidivism

Fiscal Year	YTD Total
FY 2008	41%
FY 2007	34%
FY 2006	28%

Analysis of results and challenges: This measure examines recidivism for youth who have been committed to and released from the Division's four juvenile treatment facilities. These youth typically have the most intensive needs and are the state's more chronic and serious juvenile offenders compared with youth who receive only probation supervision. Recidivism rates for these two populations are considered separately because of the distinctively different levels of risk and need presented, and the different types of interventions and programming received.

Reoffenses, like the original offenses that brought the juveniles to the Division's attention, may be felonies, misdemeanors, drug offenses, weapons crimes, crimes against persons, crimes against property, and other state crimes. Often these crimes are committed while the juvenile is under the influence of alcohol or other drugs, or in the context of domestic violence. The Division has adopted assessment tools both for juveniles and the facilities that house them to work with juveniles to address the root causes of their law-breaking behavior, and will continue to review institutional treatment components and research-based practices as it seeks to improve its outcomes for youths leaving institutions.

The recidivism rate for juveniles released from Alaska's secure treatment institutions was increased slightly this year compared with the two previous years. The increase may not be significant; the small number of youth released from

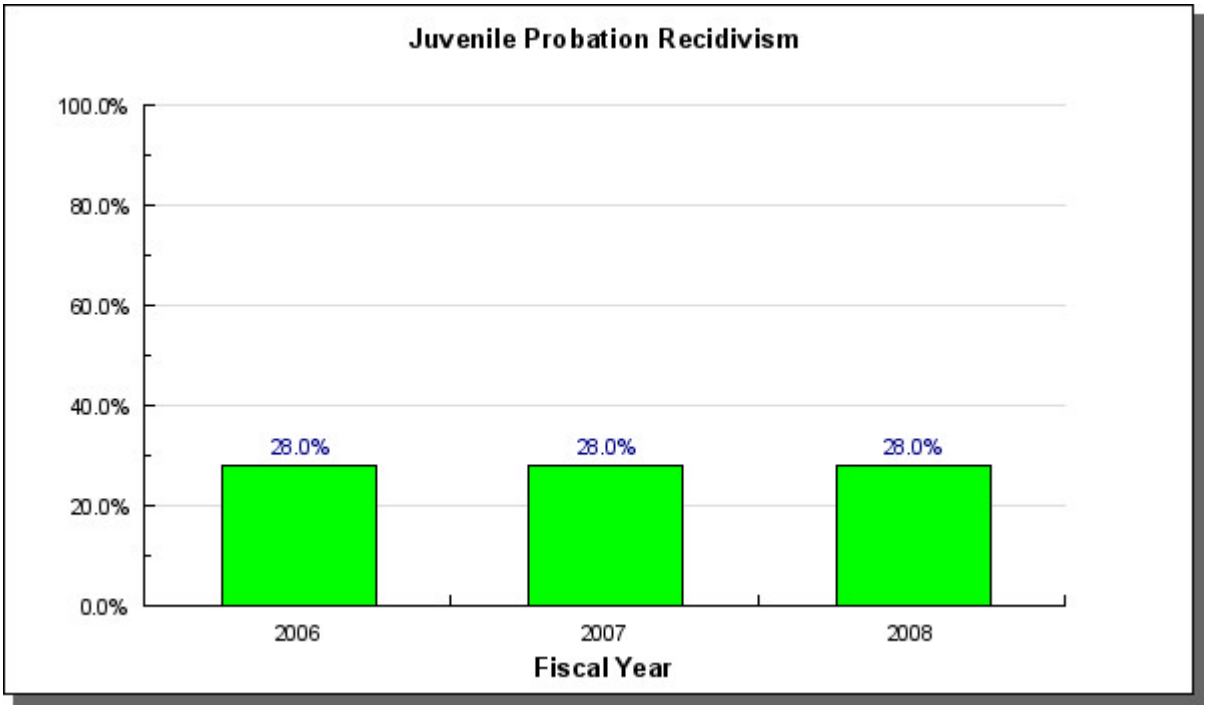
institutions each year make it difficult to determine whether changes in the recidivism rate from year to year are part of a trend or an anomaly. Any recidivism is cause for concern, and the Division expects to direct additional staffing, training, and other resources at its juvenile facilities in the coming years to limit future re-offending.

Recidivism among juveniles released from treatment is defined, in Alaska, as reoffenses that occurred within a 12-month window. Sixteen of the 32 states that track recidivism do so on a 12-month basis. Among those states that measure recidivism based on a 12-month follow-up period, and that consider offenses "recidivism" if they result in a conviction or adjudication in the juvenile or adult systems (eight states, including Alaska), the average recidivism rate was 33%. (Source: Juvenile Offenders and Victims: 2006 National Report, National Center for Juvenile Justice, Pittsburgh, 2006, page 234.) This rate serves as the baseline for the juvenile recidivism measure in Alaska.

Note: Reoffenses by juveniles released from Alaska's treatment institutions are determined through analysis of entries in the Division of Juvenile Justice's database and the Alaska Public Safety Information Network. Juveniles are included in this measure if the reason for their release from the treatment facility is marked in JOMIS as "Completion of Treatment," "Sentence Served," Court-Ordered Release," "Transfer to a Non-DJJ Facility," "Order Expired," or "Transfer (Transitional Services Step Down)." Reoffenses are defined as any offenses that occurred within 12 months of release and that resulted in a new juvenile adjudication or adult conviction, or a probation violation resulting in a new institutionalization order. For this FY08 report, adjudication and conviction information on offenses that occurred in FY06 must have been entered in APSIN or JOMIS by August 15, 2008. Adjudications and convictions for motor vehicle, Fish & Game, non-habitual Minor in Possession/Consuming Alcohol, and misdemeanor-level Driving While Intoxicated offenses are excluded. Adjudication and convictions received outside Alaska also are excluded from analysis.

Target #2: Reduce percentage of juveniles who reoffend following completion of formal court-ordered probation supervision to less than 33%.

Status #2: The recidivism rate as defined for juveniles who completed formal court-ordered probation was 28%, identical to that identified in the previous two years.



Juvenile Probation Recidivism

Fiscal Year	YTD Total
FY 2008	28%
FY 2007	28%
FY 2006	28%

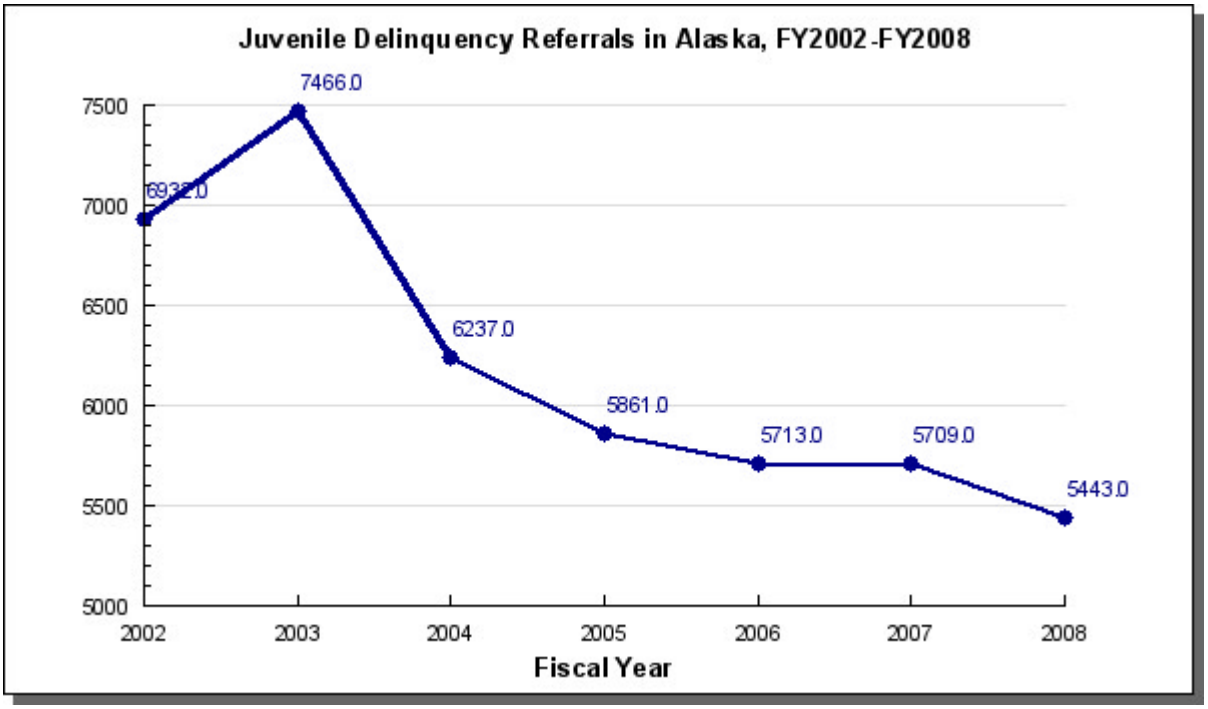
Analysis of results and challenges: This measure examines reoffense rates for juveniles who received probation supervision while either remaining at home or in a nonsecure custodial placement. These youths typically have committed less serious offenses and have demonstrated less chronic criminal behavior than youth who have been institutionalized. Recidivism rates for institutionalized youth are analyzed in a separate performance measure, above, and are considered separately because of the distinctively different levels of risk and need presented, and the different types of interventions and programming received.

Sixteen of the 32 states reported to track recidivism do so on a 12-month basis. Among those states that measure recidivism based on a 12-month follow-up period, and that consider offenses "recidivism" if they result in a conviction or adjudication in the juvenile or adult systems (eight states), the average recidivism rate was 33%. (Source: Juvenile Offenders and Victims: 2006 National Report, National Center for Juvenile Justice, Pittsburgh, 2006, page 234.) This rate serves as the baseline for the juvenile recidivism measure in Alaska. With a 28% rate for its probation population, Alaska compares favorably with this average.

Reoffenses, like the original offenses that brought the juveniles to the Division's attention, may be felonies, misdemeanors, drug offenses, weapons crimes, crimes against persons, crimes against property, and other state crimes. Often these crimes are committed while the juvenile is under the influence of alcohol or other drugs, or in the context of domestic violence. The Division is seeking technical assistance in the coming year to assist in understanding its needs for juvenile probation needs more clearly; this information will ultimately be used to improve the Division's ability to incorporate research-based practices into probation work and ultimately improve outcomes for youth on probation supervision.

Note: Reoffenses for juveniles released from formal probation are determined by checking for entries in the Division's Juvenile Offender Management Information System and the Alaska Public Safety Information Network. This table reports the number of youth for whom court-ordered probation episodes closed during the fiscal year for one of the following reasons: Completed Successfully, Order Expired, Court Termination, Non-compliant Closed, or Waived to Adult Status. Youth whose formal probation ends because of Court Termination Resulting in a new Supervision, Modified, Revoked, Supervision Transfer, Declared Incompetent, or Deceased are not included. Recidivism for this measure is is defined as re-offenses that occurred within 12 months from the time offenders were released from formal probation, and that resulted in a conviction or adjudication. For example, the FY 08 population in the graph above represents youth who were released from formal probation in FY 06, and who re-offended within FY 07. For this FY08 report, adjudication and conviction information on offenses that occurred in FY06 must have been entered in APSIN or JOMIS by August 15, 2008. Youth are not included who have been reassigned to a formal probation order (with or without custody) within seven days of release, as this typically reflects a modification of probation status or custodial placement rather than true completion of supervision. This analysis also excludes youth who were ordered to an Alaska treatment institution anytime prior to their supervision end date, as these youth are included in the analysis for our institutional recidivism performance measure. Adjudications and convictions for Motor Vehicle, Fish & Game, non-habitual violations of Minor in Possession/Consuming Alcohol, and misdemeanor-level Driving While Intoxicated offenses are excluded. Adjudications and convictions received outside Alaska are excluded from analysis.

Target #3: Alaska's juvenile crime rate will be reduced by 5% over a two-year period.
Status #3: The number of reports of juvenile crime made to the Division of Juvenile Justice declined 4.75% between fiscal years 2007 and 2008 and declined 2.6% between fiscal years 2006 and 2008.



Juvenile Delinquency Referrals in Alaska, FY2002-FY2008

Fiscal Year	YTD Total
FY 2008	5443 -4.66%
FY 2007	5709 -0.07%
FY 2006	5713 -2.53%
FY 2005	5861 -6.03%
FY 2004	6237 -16.46%
FY 2003	7466 +7.7%
FY 2002	6932

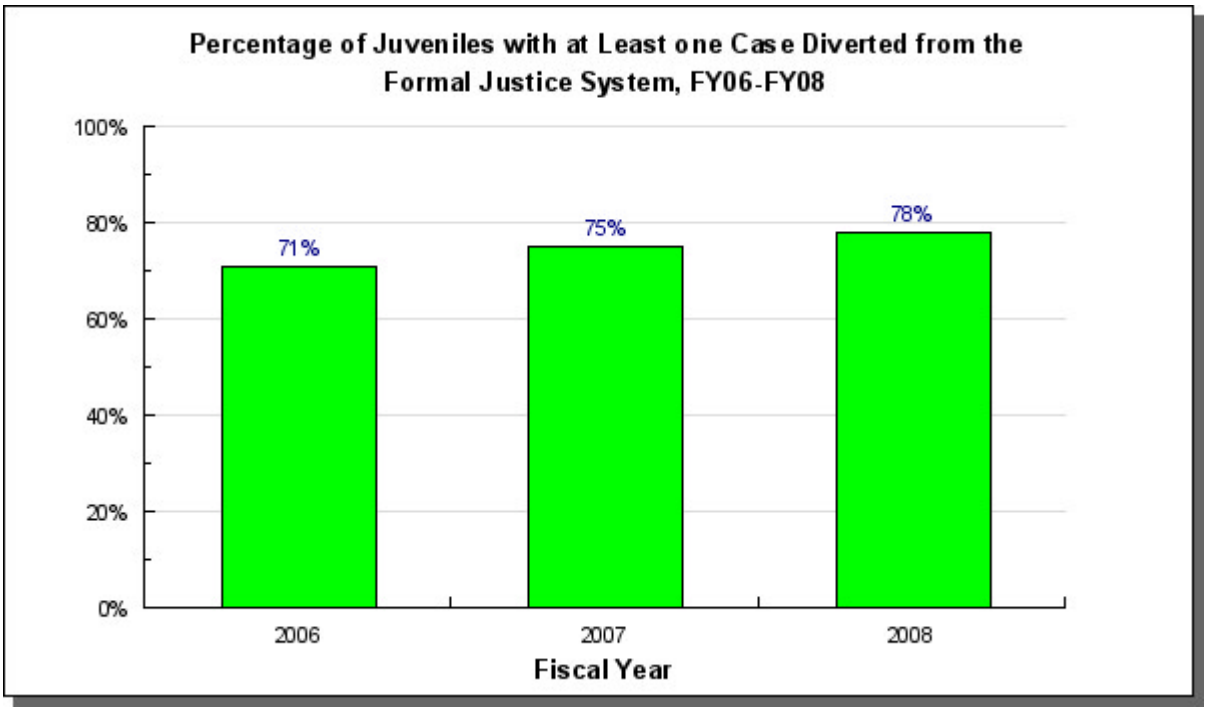
Analysis of results and challenges: The number of referrals and the percentage of these referrals per 100,000 juvenile population continued to decrease in FY08 compared with FY07 and FY06. While the change did not meet the target of a 5% decline over a two-year period, the data continued to demonstrate a trend of decreasing juvenile activity that has been noted nationally as well as statewide over the past several years. Definitive reasons for changes in referral levels are unknown. Possible causes could include changes in economic conditions, changes in prevention and intervention techniques, changes in law enforcement practices or resources, or a combination of some or all of these.

Note: Population data for youth aged 10-17 during the years 2003-2007 is provided by the Alaska Department of Labor and Workforce Development. The population estimate for the year 2008 was derived from the 2007 estimate and the 2010 projection from the report Alaska Population Projections 2007-2030, published by the same Department. Juvenile referral data was extracted from the Division of Juvenile Justice's Juvenile Offender

Management Information System (JOMIS) database by on August 18, 2008 and includes referrals for youth who are under 10 years old (these referrals make up less than 1% of the total). This data is continually refined and corrected and numbers in future reports may change slightly.

Target #4: Divert at least 70% of youth referred to the Division away from formal court processes as appropriate given their risks, needs, and the seriousness of their offenses.

Status #4: The proportion of juveniles with at least one case (a criminal charge in a report from law enforcement alleging a juvenile perpetrator) diverted from the formal court process remained high, at 78%.



Percentage of Juveniles with at Least one Case Diverted from the Formal Justice System, FY06-FY08

Fiscal Year	YTD Total
FY 2008	78%
FY 2007	75%
FY 2006	71%

Analysis of results and challenges: Diversion refers to the process of managing juveniles cases through non-court processes, such as non-court adjustments, informal probation, referral to community panels such as youth court, or dismissals. Diversion serves a number of important, valuable purposes. It helps low-risk juveniles who are unlikely to re-offend avoid the stigma and needless harm that can result from delinquency adjudication. Diversion can provide opportunities for community partners and victims to take more active roles in handling low-risk juvenile offenders. Diversion processes reduce burdens on the court system, who otherwise would find it impossible to adjudicate every offender referred to them. Diversion also is considerably less expensive and faster than the formal adversarial process. Diversion processes reduce probation caseloads as well, enabling the Division to better allocate resources and staff time to more serious offenders.

In FY08 2,922 (78%) of 3,728 juveniles referred to the Division had at least one of their charges managed through non-formal court processes. The percentage increased slightly compared with FY06 and FY07 results, but because this is only the third time the Division has considered this measure, the improvement may be due to refinements in recordkeeping, datagathering, and analysis.

Note: For this measure, youth are considered to have been diverted away from the formal court system if the intake decision for their delinquency referrals resulted in at least one charge within the referral being adjusted, dismissed, placed on informal probation, or forwarded to a community justice panel such as youth court. Referrals that are screened and referred elsewhere, such as back to law enforcement for further information and those that were still in process at the time this data was collected, are excluded from consideration.

E1: Strategy - Implement and review information from research-based assessment tools, and incorporate practices proven to reduce recidivism and criminal behavior among youth.

F: Result - Outcome Statement #6: Low income families and individuals become economically self-sufficient.

Target #1: Increase self-sufficient individuals and families by 10%.
Status #1: In FY08, the Alaska Temporary Assistance Program showed a 6% decline in the number of families receiving benefits.

Changes in Self Sufficiency

Fiscal Year	September	December	March	June	YTD Total
FY 2008	-7%	-7%	-5%	-6%	-6%
FY 2007	-5%	-11%	-13%	-10%	-9%
FY 2006	-23%	-22%	-19%	-20%	-22%
FY 2005	-6%	-7%	-8%	-6%	-7%
FY 2004	-12%	-7%	-6%	-9%	-9%
FY 2003	-1%	-11%	-14%	-13%	-9%
FY 2002	-16%	6%	4%	3%	-2%

Analysis of results and challenges: Overall, there has been a 61% decline in the caseload since FY96.

The goal is for clients to move off Temporary Assistance with more income than they received while on the program, and for those clients to stay employed with sufficient earnings to stay off the program. As the caseload declines, families with more significant challenges to employment make up a higher percentage of the caseload. Therefore, with a declining caseload, it becomes more difficult to achieve higher percentages of families becoming self-sufficient.

The other four monthly columns show a snapshot of caseload rate change compared to the previous year's month. (Note: The YTD Total column represents the average annual monthly caseload rate change.)

F1: Strategy - 90% of temporary assistance families leave with earnings and do not return for six months.

F2: Strategy - Increase the percentage of temporary assistance families with earnings.

F3: Strategy - Increase the percentage of temporary assistance families meeting federal work participation rates.

F4: Strategy - Improve timeliness of benefit delivery.

F5: Strategy - Improve accuracy of benefit delivery.

F6: Strategy - Increase the percentage of subsidy children in licensed care.

G: Result - Outcome Statement #7: Healthy people in healthy communities.

Target #1: 80% of all 2 year olds are fully immunized.
Status #1: In 2007, Alaska ranked 45th in the country for fully immunized two year olds at 70.1%.

Vaccination Coverage Among Children 19-35 Months of Age, Alaska and US

Year	US %	Alaska %	AK US Rank
2007	77.4	70.1*	45
2006	77.0	67.3*	47
2005	76.1	68.1*	41
2004	80.9	75.3	45
2003	79.4	79.7	27
2002	74.8	75.3	30
2001	73.7	71.2	35
2000	72.8	70.6	41
1999	73.2	74.5	27

Methodology: In 2005, CDC began using a new six-dose standard for its recommended basic immunization series.

Analysis of results and challenges: Chart Note: Source - National Immunization Survey, Centers for Disease Control and Prevention. Annual percentages are based on CDC recommendations at the time, which have changed over the years as vaccines have been added to the "basic immunization series."

* In 2005, the CDC increased its recommendation to a new, six-dose series of vaccinations. As a result, the national rate of fully immunized two year olds dropped considerably, as did Alaska's rate. These results continue to illustrate the need for renewed emphasis on the importance of timely immunizations for young children.

Target #2: Reduce post-neonatal death rate to 2.3 per 1,000 live births by Healthy Alaskans 2010.
Status #2: Post neonatal death rate for 2007 was 3.0 per 1,000 live births which is above the target of 2.3 per 1,000 live births by Healthy Alaskans 2010.

Post-Neonatal Death Rate - AK and US

Year	Alaska	US
2007	3.0	NA
2006	3.0	2.3
2005	3.2	2.3
2004	3.5	2.3
2003	4.0	2.2
2002	3.8	2.3
2001	3.6	2.3
2000	3.0	2.3
1999	3.3	2.3

Analysis of results and challenges: Chart Note: Rate per 1,000 live births reflects three-year rate, i.e. 2007 represents 2005-2007.

Post-neonatal mortality is more often caused by environmental conditions than problems with pregnancy and childbirth. Nationally, the leading causes of death during the post-neonatal period (28 through 364 days) during 2002 were Sudden Infant Death Syndrome (SIDS), birth defects, and unintentional injuries. The post-neonatal mortality rate in Alaska is higher than the national target of 1.2 per 1,000 live births (Healthy People 2010) and has remained relatively static over time. While not shown graphically, over the last decade Alaska Native infants were 2.3 times more likely to die during the post-neonatal period than Caucasian infants.

Work by DHSS is underway with the Indian Health Service on a rural initiative to prevent Sudden Infant Death Syndrome (SIDS). Also, cessation efforts involving tobacco, alcohol and other drugs are being targeted on the pre-conception and prenatal periods. Finally, work has begun with health providers and community partners to establish

a model program of early prevention and chronic disease management for prenatal patients.

Target #3: Decrease diabetes in Alaskans.
Status #3: 5.7% adult diabetes prevalence for 2005-2007; prevalence has increased 40% since 1998-2000.

Est. Annual Prevalence of Diabetes among Adults (18+) in Alaska Based upon Midpoints of Three-Year Averages

Year	Alaska	US
2006	5.7%	7.8%
2005	5.3%	7.4%
2004	4.8%	7.0%
2003	4.4%	6.6%
2002	4.2%	6.5%
2001	3.8%	6.4%
2000	3.8%	5.9%
1999	3.4%	5.4%

Methodology: Note: Alaska data are 3-year averages (2006 number is for 2005-2007); U.S. data are single-year values

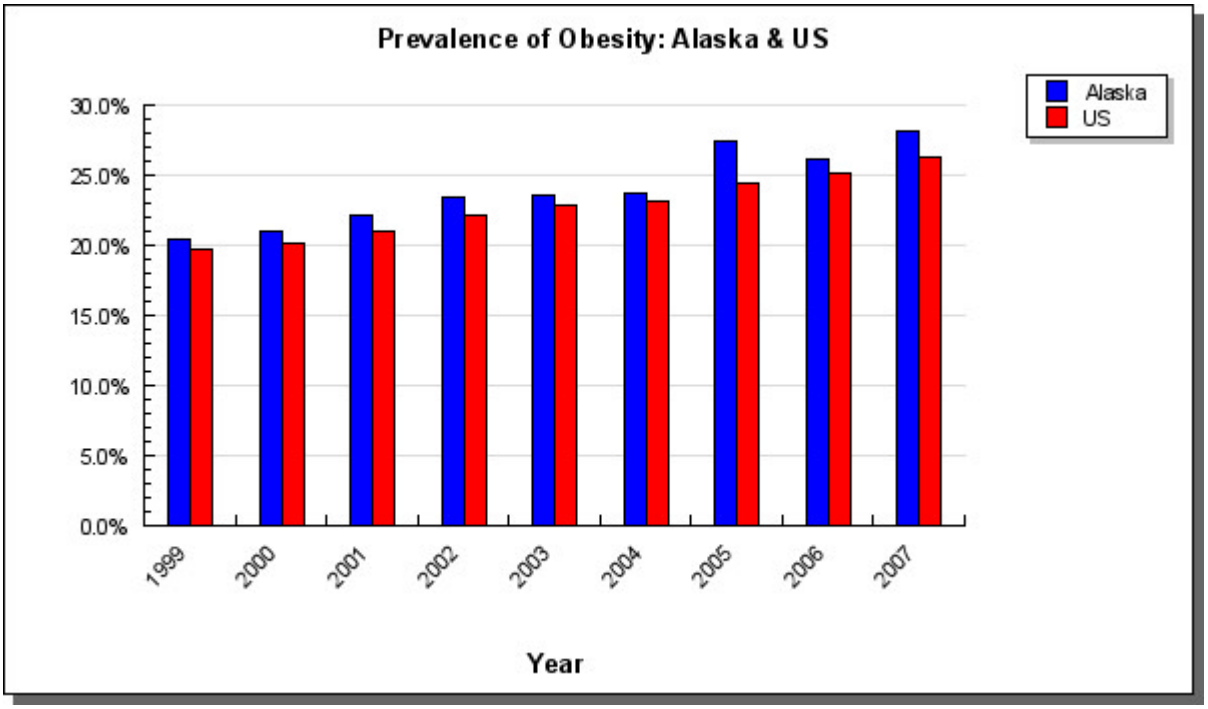
Analysis of results and challenges: Chart Note: Sources - Alaska Behavioral Risk Factor Surveillance System (AK); National Health Interview Survey (U.S.); both are crude rates.

Diabetes is a chronic disease affecting approximately 27,000 adult Alaskans. Over the past decade, an increasing percentage of Alaskan adults have reported being told by a health professional that they have diabetes.

Type 2 diabetes accounts for 90 to 95 percent of all diagnosed cases and typically occurs in adults, but is increasingly being diagnosed in children and adolescents. Risk factors for Type 2 diabetes include older age (40-plus years), obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose metabolism, physical inactivity, and race/ethnicity. Diabetes prevalence increases with age, and the prevalence of diabetes in Alaska is expected to increase as the population ages.

The DHSS Division of Public Health works to reduce the health burden and economic costs of diabetes in Alaska through an integrated program of prevention and disease management that supports our community partners. To slow or halt the upward trend of diabetes, a comprehensive approach is needed to make healthy behaviors the norm. The major modifiable risk factors contributing to diabetes and other chronic diseases are tobacco use, physical inactivity, unhealthy eating habits, and resulting obesity. The Division will address all of these factors by providing the information and tools needed to make healthier choices, while also assuring that healthy behaviors are reinforced in schools, worksites and other community settings.

Target #4: Decrease Alaska's adult obesity rate to less than 18%.
Status #4: 28.2% adult obesity prevalence for 2007 continues worsening trend and greater than the national average of 26.3%.



Prevalence of Obesity: Alaska & US

Year	Alaska	US
2007	28.2%	26.3%
2006	26.2%	25.1%
2005	27.4%	24.4%
2004	23.7%	23.2%
2003	23.6%	22.8%
2002	23.4%	22.1%
2001	22.1%	21%
2000	21.0%	20.1%
1999	20.4%	19.7%

Analysis of results and challenges: Chart Note: Sources – Alaska and U.S. Behavioral Risk Factor Surveillance System; crude rates.

The trends in Alaska continue to show growing numbers of overweight and obese adults, with an obesity prevalence at 28.2% in 2007 - an alarming 28% higher than the 1999 Alaska prevalence level and 57% higher than the Healthy Alaskans 2010 target.

Premature death and disability, increased heath care costs, and lost productivity are all associated with overweight and obesity. Unhealthy dietary habits combined with inactivity are primary factors in increasing body fat levels. Overweight and obesity are estimated to be responsible for approximately 300,000 deaths per year in the United States. Alaskans annually spend $195 million on obesity-related direct medical expenditures, of which $46 million is a Medicare/Medicaid expense.

Overweight and obesity are directly associated with at least four of the top ten leading causes of death. Obesity is a health threat to all generations of Alaskans, and threatens to make this generation the first to live shorter lives than their parents. It increases the risks of chronic diseases and conditions such as heart disease, diabetes, stroke,

hypertension, some cancers, and premature death. Mortality due to unintentional injury, suicide, chronic obstructive pulmonary disease (COPD), pneumonia, and liver disease may also be influenced by obesity to some extent.

A comprehensive approach, as identified in Alaska in Action: the Statewide Physical Activity and Nutrition Plan, is needed to decrease obesity in Alaska. Through educational, programmatic, policy, and environmental strategies, the department works to reduce the percentage of Alaskans classified as overweight or obese.

G1: Strategy - Strengthen public health in strategic areas.

H: Result - Outcome Statement #8: Senior and physically and/or developmentally disabled Alaskans live independently as long as possible.

Target #1: Increase the number of DD waiver recipients receiving Supported Employment Services.
Status #1: There is a slight increase to utilization of the supported employment Medicaid waiver service in recent years. SDS will encourage increased usage in future years as appropriate.

Developmentally Disabled Recipients Receiving Supported Employment

Fiscal Year	Recipients
FY 2008	336
FY 2007	328
FY 2006	321
FY 2005	320
FY 2004	319
FY 2003	328
FY 2002	320
FY 2001	277

Analysis of results and challenges: Supported Employment Services is one of the best resources available to developmentally disabled beneficiaries to help them live independently by providing them with the opportunity to work. The Division of Senior and Disabilities Services has determined that the reason the number of DD waiver beneficiaries receiving supported employment has reached a plateau in recent years is because only the highest-functioning clients without behavioral issues can be easily employed. In FY07 and beyond, the division will be working with the Governor's Council on Disabilities and Special Education to increase participation in supported employment as outlined in the Alaska Works Initiative 2006-2010 Strategic Plan.

H1: Strategy - Promote independent living and provide preadmission screening to nursing homes.

I: Result - Outcome Statement #9: The efficient and effective delivery of administrative services.

Target #1: Reduce the average response time for complaints/inquiries to 14 days.
Status #1: In FY08, the HSS Commissioner's office succeeded in meeting the goal of responding within 14 days of receiving a complaint or inquiry.

# of Inquiries/Complaints

Fiscal Year	Opened	Closed	Avg Days to Close
FY 2008	1367	1772	20.06
FY 2007	1495	1224	24.52
FY 2006	1590	1408	25.78
FY 2005	552	503	15.18

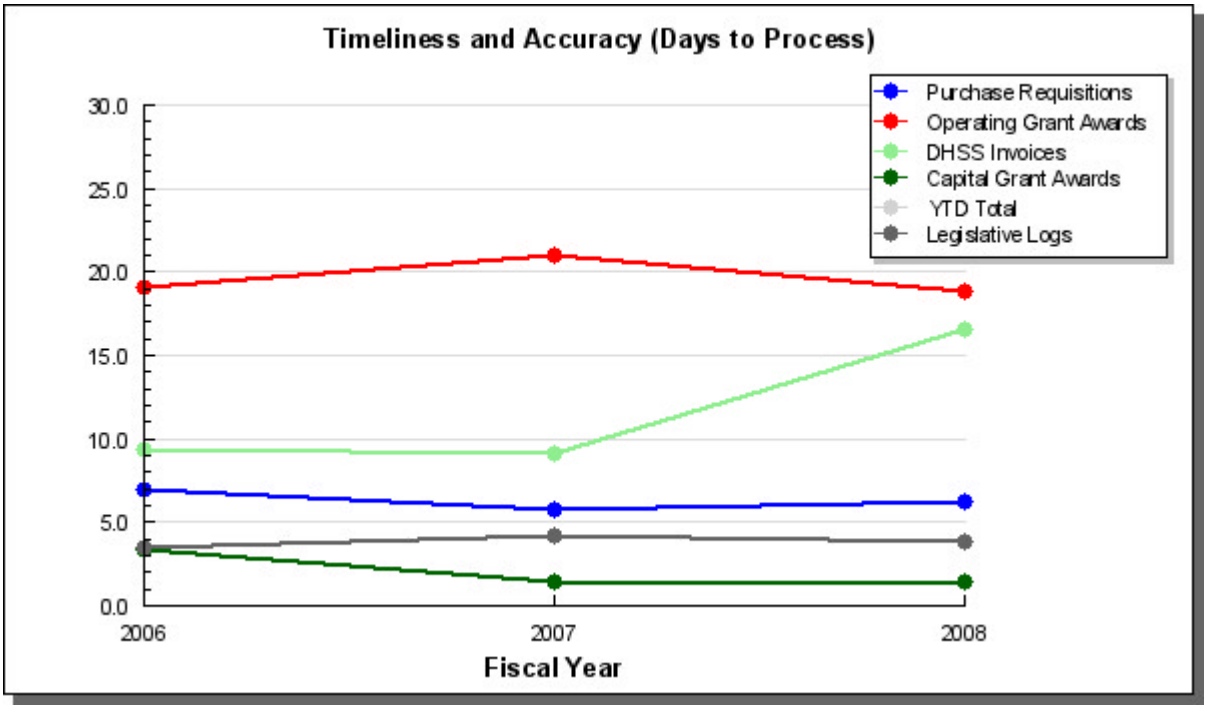
Methodology: This is only done on a yearly basis.

Analysis of results and challenges: The response log "HSS Track" originally included only inquiries or complaints received by the DHSS Commissioner's Office (i.e., public or legislative complaints, legislative questions, press inquires, etc). However, in the last few years, other divisions have begun utilizing the HSS Track system for other purposes. For example, SDS tracks for case managment purposes. Different employees may enter data on the same client and the log may be left open for longer periods depending on the situation. OCS uses the tracking system to log complaints. First Health, the Medicaid contractor, tracks complaints from Medicaid recipients. Due to the complexity of those issues, the response time has increased overall.

Response time for inquiries and complaints to the Commissioner's Office only (the original intent of this measure), met the response goal with an average of 10 days, half the overall total.

The IT section is working on improvements to the system for tracking and reporting.

Target #2: Reduce by 5% per year processing time for key indicators.
Status #2: In FY08 the department reduced processing days for grant awards and legislative inquiries. Processing time for purchase requisitions and invoices increased. Capital Grant Awards remained the same.



Timeliness and Accuracy (Days to Process)

Fiscal Year	Purchase Requisitions	Operating Grant Awards	DHSS Invoices	Capital Grant Awards	Legislative Logs
FY 2008	6.3 +8.62%	18.8 -10.35%	16.58 +80.81%	1.5 0%	3.9 -6.25%
FY 2007	5.8 -17.14%	20.97 +9.68%	9.17 -1.71%	1.5 -55.36%	4.16 +18.18%
FY 2006	7.00	19.12	9.33	3.36	3.52

Analysis of results and challenges: This measure was initiated in FY06 and is updated on an annual basis after year end.

In FY08 "DHSS invoices" processing time increased significantly. This may be a side effect of turnover in positions in the FMS division and fiscal section but is also impacted by other divisions within the department. If invoices are not promptly submitted or approved, the lag in time counts against this measure as it is calculated based on the invoice date as opposed to the date it was submitted to fiscal. In the coming year, fiscal will encourage divisions to reduce their turnover time.

Prioritization of Agency Programs

(Statutory Reference AS 37.07.050(a)(13))

Prioritization of program resources is based on four key factors:

- Relevance of the activity to the department's mission.
- The Department has sole responsibility for providing service.
- Protection of vulnerable Alaskans.
- Provision of direct services to clients.

1. Alaska Psychiatric Institute
2. GRA/Temporary Assisted Living (Sr. & Disabilities Svcs)
3. Epidemiology
4. Alaska Temporary Assistance Program (ATAP)
5. Tribal Assistance Programs
6. Pioneer Homes
7. HCS Medicaid Services
8. Senior and Disabilities Medicaid Services
9. Behavioral Health Medicaid Services
10. Children's Medicaid Services
11. Senior Benefits Program
12. Probation Services
13. Adult Public Assistance
14. Community Developmental Disabilities Grants
15. Foster Care Base Rate
16. Foster Care Augmented Rate
17. Foster Care Special Need
18. McLaughlin Youth Center
19. Delinquency Prevention
20. Fairbanks Youth Facility
21. Johnson Youth Center
22. Bethel Youth Facility
23. Nome Youth Facility
24. Ketchikan Regional Youth Facility
25. Mat-Su Youth Facility
26. Kenai Peninsula Youth Facility
27. Public Health Laboratories
28. Residential Child Care
29. Psychiatric Emergency Services
30. Behavioral Health Grants
31. Rural Services and Suicide Prevention
32. Services for Severely Emotionally Disturbed Youth
33. AK Fetal Alcohol Syndrome Program
34. Services to the Seriously Mentally Ill
35. Catastrophic and Chronic Illness Assistance
36. Nursing
37. Front Line Social Workers
38. Adult Preventative Dental Medicaid Svcs
39. Subsidized Adoptions & Guardianship
40. Child Care Benefits
41. Work Services
42. Chronic Disease Prevention/Health Promotion
43. Energy Assistance Program
44. Bureau of Vital Statistics
45. Emergency Medical Services Grants
46. Human Services Community Matching Grant
47. Community Initiative Matching Grants
48. Senior Community Based Grants
49. Women, Infants and Children
50. Family Preservation
51. Infant Learning Program Grants
52. Youth Courts
53. Certification and Licensing
54. Health Facilities Survey
55. State Medical Examiner
56. Senior Residential Services
57. General Relief Assistance (Public Assistance)
58. Community Health Grants
59. Community Action Prevention & Intervention Grants
60. Designated Evaluation and Treatment
61. Commissioner's Office
62. Administrative Support Services
63. Facilities Management
64. Quality Assurance and Audit
65. Information Technology Services
66. Public Affairs
67. Rate Review
68. Quality Control (Public Assistance)
69. Fraud Investigation
70. Hearings and Appeals
71. Health Planning & Infrastructure
72. Facilities Maintenance
73. Pioneers Homes Facilities Maintenance
74. Children's Services Training
75. Public Assistance Field Services
76. Injury Prev/Emerg Med Svcs
77. Preparedness Program
78. Tobacco Prevention and Control
79. Assessment and Planning (Medicaid)
80. Women, Children & Family Health
81. Medicaid School Based Administrative Claims
82. HSS State Facilities Rent
83. Alaskan Pioneer Homes Management
84. Behavioral Health Administration
85. Children's Services Management
86. Medical Assistance Administration
87. Public Assistance Administration
88. Public Health Administrative Services
89. Senior and Disabilities Services Administration
90. Permanent Fund Dividend Hold Harmless
91. Children's Trust Programs
92. Alcohol Safety Action Program (ASAP)
93. Alaska Mental Health/Alcohol & Drug Abuse Brds
94. Commission on Aging
95. Governor's Council on Disabilities
96. Pioneers Homes Advisory Board
97. Suicide Prevention Council
98. Alaska Psychiatric Institute Advisory Board

Alaska Pioneer Homes Results Delivery Unit

Contribution to Department's Mission

Provide the highest quality of life in a safe home environment for older Alaskans and Veterans.

Core Services

- Provide residential assisted living services.

End Result	Strategies to Achieve End Result
A: Outcome statement - Eligible Alaskans and Veterans will live in a safe environment. Target #1: Reduce resident serious injury rate Status #1: In FY 2008, the medication error rate decreased to .14% while medications administered increased to an average of 488,184 per fiscal quarter, up from 434,464 in FY 2006. In FY 2008, our sentinel event injury rate from falls decreased to 1.73%, down from 2.9% in FY 2007.	**A1: 1) Improve the medication dispensing and administration system.** Target #1: Less than one percent medication error rate, which is one-half the low end of the national standard range Status #1: In FY 2008, the medication error rate decreased to .14% while medications administered increased to an average of 488,184 per fiscal quarter, up from 434,464 in FY 2006. **A2: 2) Reduce the number of residents' serious injuries from falls.** Target #1: Less than two percent injury rate, which is the low end of the National Safety Council's range of two to six percent Status #1: In FY 2008, our sentinel event injury rate from falls decreased to 1.73%, down from 2.9% in FY 2007.

FY2010 Resources Allocated to Achieve Results

FY2010 Results Delivery Unit Budget: $57,053,300

Personnel:	
Full time	574
Part time	46
Total	620

Performance

A: Result - Outcome statement - Eligible Alaskans and Veterans will live in a safe environment.

Target #1: Reduce resident serious injury rate
Status #1: In FY 2008, the medication error rate decreased to .14% while medications administered increased to an average of 488,184 per fiscal quarter, up from 434,464 in FY 2006.
In FY 2008, our sentinel event injury rate from falls decreased to 1.73%, down from 2.9% in FY 2007.

Analysis of results and challenges: Increasing age and acuity levels of Pioneer Homes residents creates a challenge in reducing adverse events that result in serious injury. By properly utilizing the strength of trending and tracking information available in the division's risk analysis program, the Homes are able to identify times, places, individual staff and conditions that hold inherent risk. Action plans to address risk help the Homes prevent errors, reduce the number of serious injury events, and reduce the severity of injury.

A1: Strategy - 1) Improve the medication dispensing and administration system.

Target #1: Less than one percent medication error rate, which is one-half the low end of the national standard range
Status #1: In FY 2008, the medication error rate decreased to .14% while medications administered increased to an average of 488,184 per fiscal quarter, up from 434,464 in FY 2006.

Fiscal Year Medication Error Rate

Year	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD Total
2009	0.15%	0	0	0	0
2008	0.16%	0.13%	0.15%	0.12%	0.14%
2007	0.19%	0.22%	0.15%	0.14%	0.18%
2006	0.19%	0.15%	0.16%	0.12%	0.17%
2005	0.08%	0.09%	0.09%	0.14%	0.10%
2004	0.07%	0.11%	0.06%	0.07%	0.08%
2003	0.10%	0.11%	0.09%	0.15%	0.11%
2002	0.07%	0.08%	0.04%	0.05%	0.06%

Methodology: The medication error rate is calculated by taking the number of medication errors per quarter divided by the total number of medications taken by all Pioneer Home residents in the same quarter.

Analysis of results and challenges: The Centers for Medicare and Medicaid Services, which licenses nursing facilities throughout the United States, considers a five percent medication error rate acceptable.

The Pioneer Home system collects medication information at the individual Pioneer Home level and aggregates the numbers for reporting at the division level. In 2008, Pioneer Home staff administered an average of 488,184 individual medications each quarter.

All care processes are vulnerable to error, yet several studies have found that medication-related activities are the most frequent type of adverse event. Medication administration errors are the traditional focus of incident reporting programs because they are often the types of events that identify a failure in other processes in the system. A wrong medication may be administered because it was prescribed, transcribed, or dispensed incorrectly. The division uses a system-wide risk reporting program that tracks medication errors, and allows the collected data to be reported and trended for use in identifying risks. Trending the cause of the error tends to provide the most useful information in designing strategies for preventing future errors.

A2: Strategy - 2) Reduce the number of residents' serious injuries from falls.

Target #1: Less than two percent injury rate, which is the low end of the National Safety Council's range of two to six percent

Status #1: In FY 2008, our sentinel event injury rate from falls decreased to 1.73%, down from 2.9% in FY 2007.

Fiscal Year Sentinel Event Injury Rate

Year	Qtr 1	Qtr 2	Qtr 3	Qtr 4	YTD Total
2009	0.0%	0	0	0	0
2008	1.5%	1.3%	2.0%	2.1%	1.73%
2007	3.5%	1.2%	2.0%	4.9%	2.9%
2006	0.6%	2.7%	1.3%	1.1%	1.43%
2005	2.6%	2.4%	1.5%	2.3%	2.2%
2004	1.96%	1.26%	0.97%	1.47%	1.45%
2003	1.1%	0.04%	1.79%	1.5%	1.1%
2002	2.9%	0.7%	0.0%	0.37%	0.99%

Methodology: The Sentinel Event Injury rate reports the percentage of falls that result in a major injury. The rate is calculated by dividing the number of Sentinel Event injuries to Pioneer Homes residents by the total number of falls reported for the same quarter.

Analysis of results and challenges: Seventy-five percent of elderly deaths result from falls.

Despite remarkable advances in almost every field of medicine, the age-old problem of health-care errors continues to haunt health care professionals. When such errors lead to "sentinel events," those with serious and undesirable occurrences, the problems are even more disturbing. The event is called sentinel because it sends a signal or warning that requires immediate attention. One in three people age 65 and older, and 50 percent of those 80 and older, fall each year. The National Safety Council lists falls in older adults as five times more likely to lead to hospitalization than other injuries. One estimate suggests that direct medical costs for fall-related injuries will rise to $32.4 billion by 2020. Falls can have devastating outcomes, including decreased mobility, function, independence, and in some cases, death.

The average age of Pioneer Homes residents is 85.5, putting them in the highest risk category for suffering a serious injury from a fall that could lead to death.

The Pioneer Homes respond to serious injuries with root cause analysis investigations and corrective action plans to address underlying causes.

Component: Alaska Pioneer Homes Management

Contribution to Department's Mission

Manage the five Alaskan Pioneer Homes and the Alaska Veterans' and Pioneer Home as safe and compassionate living environments for Alaskan seniors.

Core Services

- Provide guidance and direction on system-wide issues such as disaster preparedness and continuity of operations.
- Provide programmatic and nursing, personnel, policy, financial and procurement support to staff of the five Pioneer Homes and the Alaska Veterans' and Pioneer Home in Palmer.
- Provide centralized billing and collections for Pioneer Home services including rent, medications and supplies.
- Maintain and manage the Pioneer Homes waiting list data base.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,497,600

Personnel:	
Full time	13
Part time	0
Total	13

Component: Pioneer Homes

Contribution to Department's Mission

Manage the five Alaskan Pioneer Homes, the Veterans and Pioneer Home and the centralized Pioneer Home Pharmacy.

Core Services

- The Pioneer Homes system provides assisted living and pharmaceutical services in Sitka, Fairbanks, Palmer, Anchorage, Ketchikan and Juneau to Alaskan seniors. The services are designed to maximize independence and quality of life by addressing the physical, emotional and spiritual needs of Pioneer Home residents.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $55,555,700

Personnel:	
Full time	561
Part time	46
Total	607

Behavioral Health Results Delivery Unit

Contribution to Department's Mission

The mission of the Division of Behavioral Health is to manage an integrated and comprehensive behavioral health system based on sound policy, effective practices, and open partnerships.

Core Services

- Provide for a continuum of statewide mental health and substance use disorder services ranging from prevention, early intervention, and treatment including inpatient psychiatric hospitalization and operation of the Alaska Psychiatric Institute.

End Result	Strategies to Achieve End Result
A: Outcome #1: Improve and enhance the quality of life for Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder (SUD). Target #1: For six life domains (housing, financial/basic needs, thoughts about self-harm, mental/emotional health, physical health, and productive activity/employment), 75% of individuals will report improvement or maintaining condition within four specifed domains Status #1: In FY08, for four life domains (housing situation, financial/basic needs, thoughts about self harm, and physical health), more than 75% of individuals reported improvement or maintaining condition within the specified domain. In two life domains (mental/emotional health and productive activity/employment), less than 75% of individuals reported improvement or maintaining condition within the specified domain.	**A1: Strategy #1A: Improve and enhance the quality of life of children experiencing a serious emotional disturbance through treatment services that meet their clinical needs close to their home communities.** Target #1: Reduce the number of children in out-of-state placement by 10% each year. Status #1: Preliminary data indicates that from FY07 to FY08 there was a decrease of 18% in the number of distinct out-of-state residential psychiatric treatment center (RPTC) recipients served. **A2: Strategy #1B: Improve and enhance the quality of life of Alaskans experiencing a SED, SMI and/or a SUD by implementing a Performance Management System that promotes process improvement and fosters partnerships to improve the quality of services provided.** Target #1: 75% of individuals (including adults, parents/caregivers of children, and teens) who complete the Behavioral Health Consumer Survey will report a positive overall evaluation of services Status #1: In FY08, more than 75% of Behavioral Health Consumer Survey adult and teen respondents reported a positive overall evaluation of services; 74% of parents/caregivers of children reported a positive evaluation. **A3: Strategy #1C: Improve/enhance quality of life of Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) by assuring access to a comprehensive, integrated Behavioral Health system.** Target #1: For each category of service (i.e., SED, SMI, and SUD), increase annually by 2.5% the number of

	individuals experiencing a SED, SMI, and/or SUD who receive comprehensive, integrated behavioral health services. Status #1: FY08 is a baseline year.

FY2010 Resources Allocated to Achieve Results

FY2010 Results Delivery Unit Budget: $277,953,500

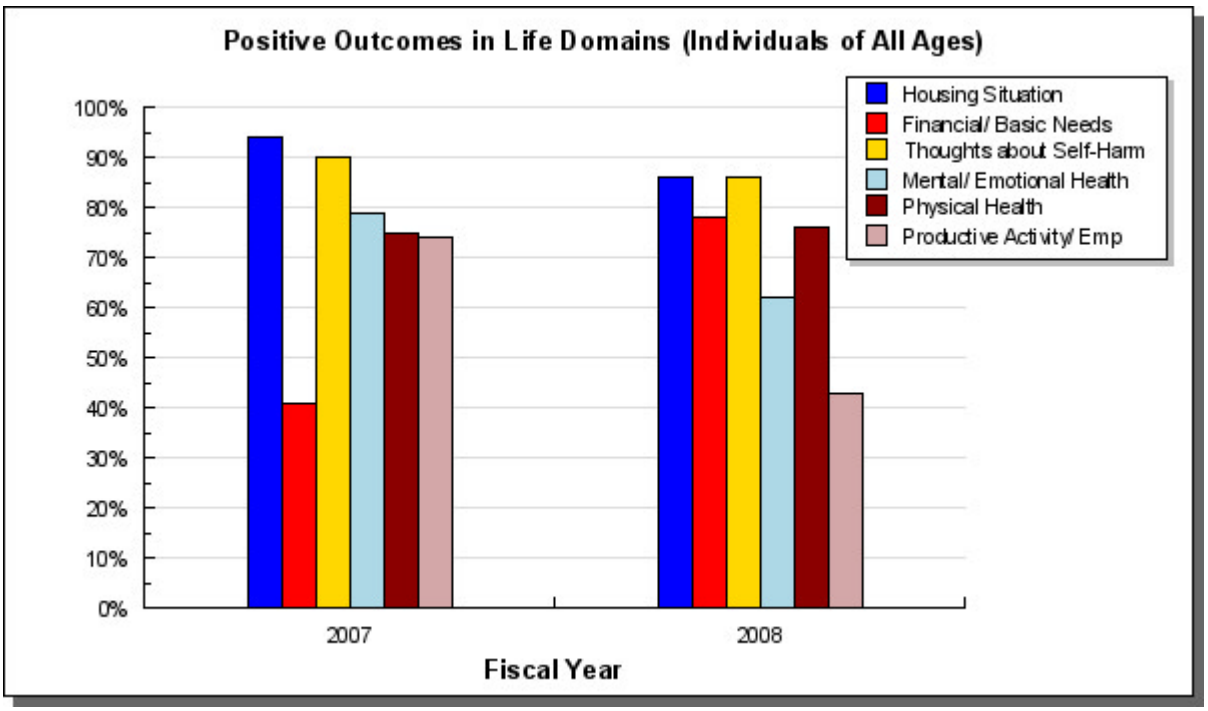
Personnel:	
Full time	328
Part time	11
Total	339

Performance

A: Result - Outcome #1: Improve and enhance the quality of life for Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance abuse disorder (SUD).

Target #1: For six life domains (housing, financial/basic needs, thoughts about self-harm, mental/emotional health, physical health, and productive activity/employment), 75% of individuals will report improvement or maintaining condition within four specifed domains

Status #1: In FY08, for four life domains (housing situation, financial/basic needs, thoughts about self harm, and physical health), more than 75% of individuals reported improvement or maintaining condition within the specified domain. In two life domains (mental/emotional health and productive activity/employment), less than 75% of individuals reported improvement or maintaining condition within the specified domain.



Methodology: Clients complete a Client Status Review (CSR) form when entering treatment, periodically throughout treatment, and at time of discharge. A client's status of "improvement or maintaining condition" is determined based on comparing CSR scores from the most recent CSR to the intake CSR. Note: Data for both FY07 and FY08 are incomplete - see "Analysis of results and challenges."

Positive Outcomes in Life Domains (Individuals of All Ages)

Fiscal Year	Housing Situation	Financial/ Basic Needs	Thoughts about Self-Harm	Mental/ Emotional Health	Physical Health	Productive Activity/ Emp
FY 2008	86%	78%	86%	62%	76%	43%
FY 2007	94%	41%	90%	79%	75%	74%

Analysis of results and challenges: In FY08, for four life domains (housing situation, financial/basic needs, thoughts about self harm, and physical health), more than 75% of individuals reported improvement or maintaining condition within the specified domain. In two life domains (mental/emotional health and productive activity/employment), less than 75% of individuals reported improvement or maintaining condition within the specified domain.

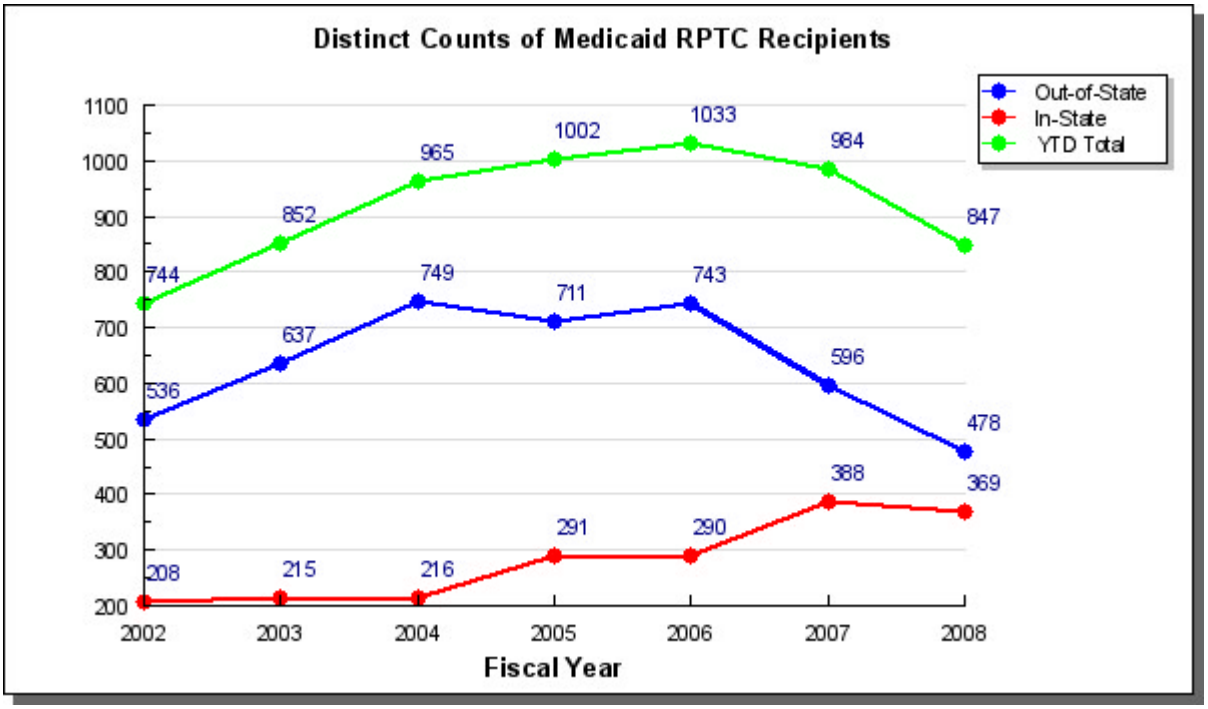
Due to differences in data collection methodologies and data completeness between FY07 and FY08, comparisons between years have limitations. The Division is transitioning from a paper record system to an electronic health record system. FY07 was a peak transition year when some agencies reported CSR data using a paper record

system and other agencies used the Alaska Automated Information Management System (AKAIMS) electronic health records system. Combining records from both systems was a challenge and resulted in an incomplete FY07 data set. Although the FY08 CSR data includes data only through the third quarter, it is considered to be more complete than the FY07 data. The Division intends to use the FY08 data as a baseline for future measurement. As DBH moves forward with transitioning to the AKAIMS electronic health records system, we anticipate more accurate and complete electronic health records from participating agencies.

Refinements to the AKAIMS CSR reporting procedures also are being explored. The life domain analyses do not take into account the length of time that a client may have been in services. Clients receiving services over a long period of time are compared to those who may have just been admitted into services. AKAIMS reporting processes that account for duration of services is one of several refinements being explored.

A1: Strategy - Strategy #1A: Improve and enhance the quality of life of children experiencing a serious emotional disturbance through treatment services that meet their clinical needs close to their home communities.

Target #1: Reduce the number of children in out-of-state placement by 10% each year.
Status #1: Preliminary data indicates that from FY07 to FY08 there was a decrease of 18% in the number of distinct out-of-state residential psychiatric treatment center (RPTC) recipients served.



Methodology: Data appears in the "DHSS BTKH Annual Report 07" (see link below), as provided by the Division of Behavioral Health, Policy and Planning Unit using MMIS-JUCE extracts. Data represents an unduplicated count of RPTC beneficiaries. This graph will be updated with the FY08 data once the DHSS BTKH FY08 Report is complete.

Distinct Counts of Medicaid RPTC Recipients

Fiscal Year	Out-of-State	In-State	YTD Total
FY 2008	478	369	847
FY 2007	596	388	984
FY 2006	743	290	1033
FY 2005	711	291	1002
FY 2004	749	216	965
FY 2003	637	215	852
FY 2002	536	208	744

Analysis of results and challenges: This measure will be updated with the 2008 data when the “DHSS BTKH Annual Report 08” is complete. However, preliminary data indicates that from FY07 to FY08, there was a decrease of about 18% in the number of distinct out-of-state RPTC recipients served. The "Distinct Counts of Medicaid RPTC Recipients" graph below will be updated with the final FY08 numbers as soon as they are available.

Between FY06 and FY07:

- There was a decrease of 19.8% in the number of distinct out-of-state RPTC recipients served.

- There was an increase of 33.8% in the number of distinct RPTC recipients who received services instate. This reflects increased bed capacity and utilization.

- There was a decrease of 4.8% total RPTC recipients served.

Between FY04 and FY05: the number of children receiving out-of-state RPTC care decreased 5.1% from 749 to 711.

Between FY98 and FY04: the unduplicated number of youth experiencing serious emotional disorders receiving out-of-state RPTC care steadily increased - on average 46.7% per year. The RPTC population treated in Alaska and outside the state also showed steady increase from FY98-04, an average annual increase of 24.8%.

The Bring the Kids Home (BTKH) Project was initiated during FY04. This project is a collaboration of the Division of Behavioral Health, Division of Juvenile Justice and Office of Children's Services, in partnership with the Alaska Mental Health Trust Authority. Positive changes are apparent.

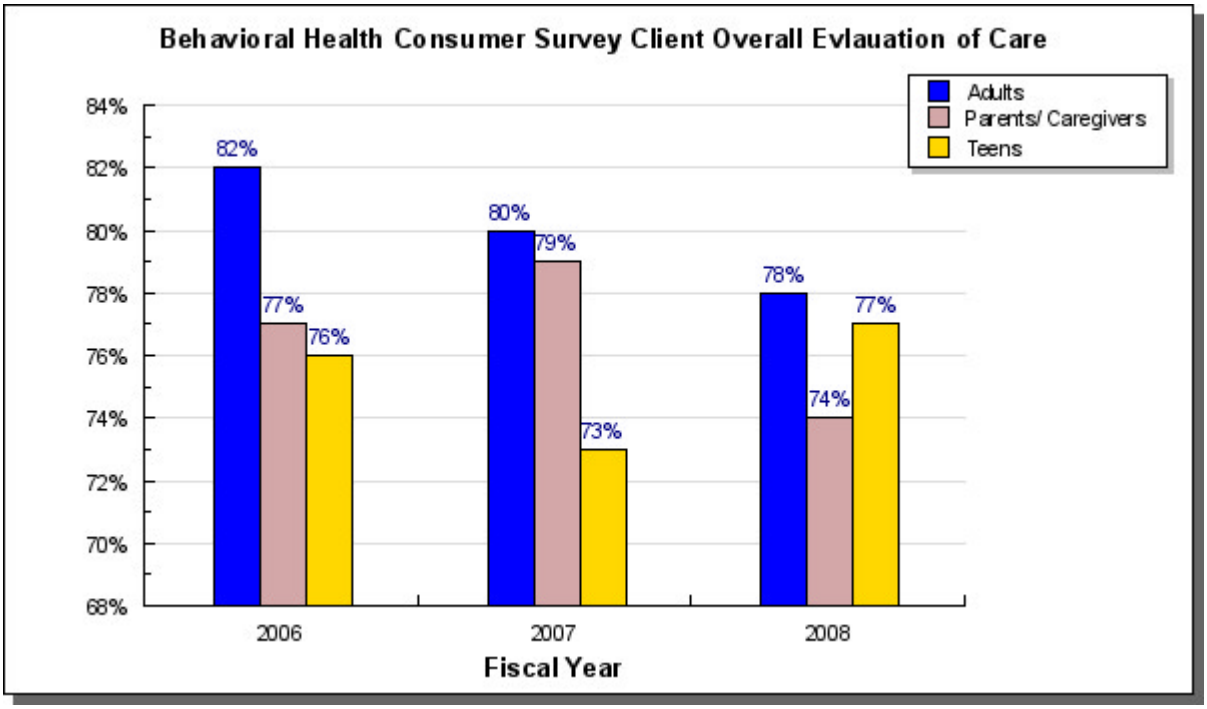
AS47.07.032 requires that the department may not grant assistance for out-of-state inpatient psychiatric care if the services are available in the state. To that end, the department has developed and implemented "diversion" activities, including aggressive case management services that discharge and return children to less restrictive levels of care; utilization review staff implementing gate-keeping protocols with a "level of care" instrument that ensures appropriate placements; and assertive case management with Individualized Service Agreements which direct funding to community-based providers who augment services at the least restrictive level within a client's home community.

There have also been multiple capital projects initiated to increase the number of beds in-state, some of which became available in FY07. As more new beds and other programs become available, it is anticipated that there will be further impact on the rate of out-of-state placements. There have been capacity expansion grants to community providers to enhance the service continuum for children and families that provide services at the least restrictive level within a client's home community.

A2: Strategy - Strategy #1B: Improve and enhance the quality of life of Alaskans experiencing a SED, SMI and/or a SUD by implementing a Performance Management System that promotes process improvement and fosters partnerships to improve the quality of services provided.

Target #1: 75% of individuals (including adults, parents/caregivers of children, and teens) who complete the Behavioral Health Consumer Survey will report a positive overall evaluation of services

Status #1: In FY08, more than 75% of Behavioral Health Consumer Survey adult and teen respondents reported a positive overall evaluation of services; 74% of parents/caregivers of children reported a positive evaluation.



Methodology: The Behavioral Health Consumer Survey (BHCS) is an instrument used by the Division to measure client evaluation of behavioral health services. Grantee agencies providing behavioral health services mail the survey to their clients.

Behavioral Health Consumer Survey Client Overall Evlauation of Care

Fiscal Year	Adults	Parents/ Caregivers	Teens
FY 2008	78%	74%	77%
FY 2007	80%	79%	73%
FY 2006	82%	77%	76%

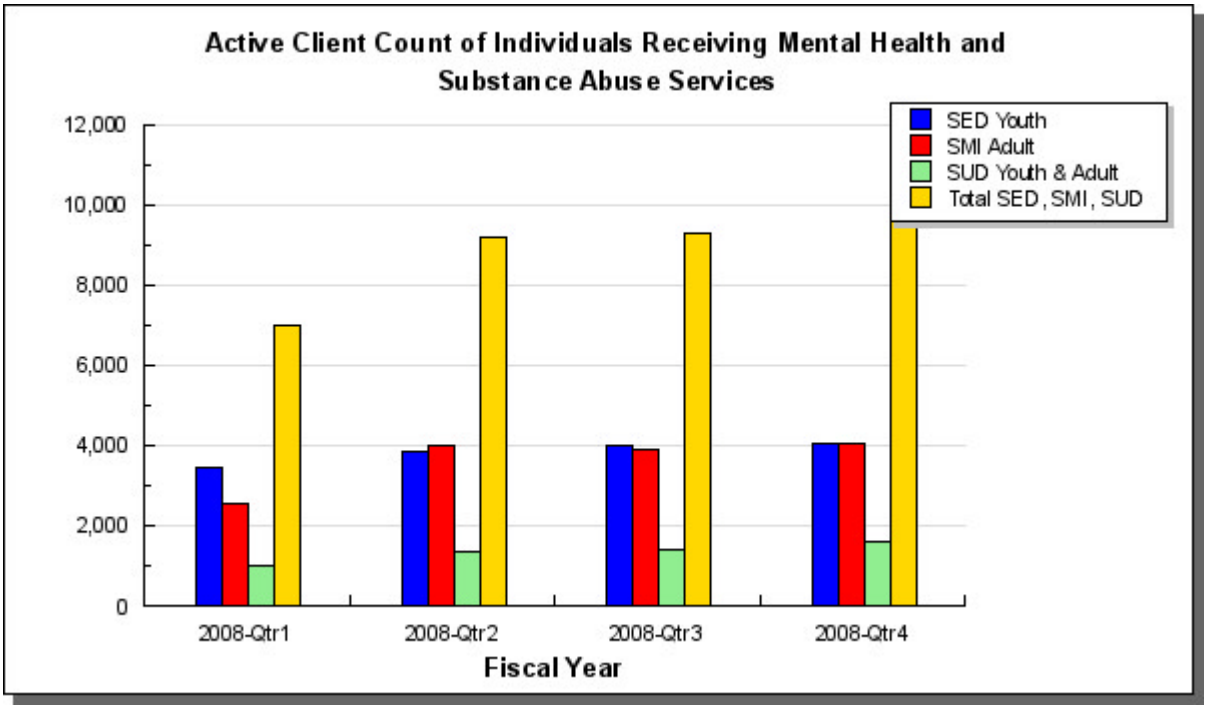
Analysis of results and challenges: In FY08 more than 75% of Behavioral Health Consumer Survey adult and teen respondents reported a positive overall evaluation of services; 74% of parents/caregivers of children reported a positive evaluation. From FY06 to FY08 there was some fluctuation in respondents' evaluation of services; however, caution is advised when making comparisons due to changes in survey methodology implemented in FY08. FY08 data will be a new baseline. The BHCS administration process is continuing to be refined to improve accuracy, completeness, and response rate.

The Division continues to make progress in implementing performance management measures. Performance Based Funding measures were developed and applied to funding allocations to service providers for FY09. Participation in administering the BHCS was one of several performance measures used to determine funding allocations.

A3: Strategy - Strategy #1C: Improve/enhance quality of life of Alaskans experiencing a serious emotional disturbance (SED), a serious mental illness (SMI) and/or a substance use disorder (SUD) by assuring access to a comprehensive, integrated Behavioral Health system.

Target #1: For each category of service (i.e., SED, SMI, and SUD), increase annually by 2.5% the number of individuals experiencing a SED, SMI, and/or SUD who receive comprehensive, integrated behavioral health services.

Status #1: FY08 is a baseline year.



Methodology: The Division is transitioning from a paper record system to an electronic health record system. FY08 data reflects Alaska Automated Information Management System (AKAIMS) quarterly report active client counts supplemented with paper quarterly report active client counts for Electronic Data Interface (EDI) agencies. Client counts are unduplicated within each quarter.

Active Client Count of Individuals Receiving Mental Health and Substance Abuse Services

Fiscal Year	SED Youth	SMI Adult	SUD Youth & Adult	Total SED, SMI, SUD
FY 2008-Qtr4	4,042 +1.61%	4,063 +3.99%	1,612 +13.36%	9,717 +4.41%
FY 2008-Qtr3	3,978 +2.71%	3,907 -2.4%	1,422 +5.49%	9,307 +0.9%
FY 2008-Qtr2	3,873 +11.45%	4,003 +56.25%	1,348 +36.85%	9,224 +31.36%
FY 2008-Qtr1	3,475	2,562	985	7,022

Analysis of results and challenges: FY08 is a baseline year for reporting active client counts using AKAIMS. Additional development is underway to integrate the AKAIMS and Electronic Data Interface agency data sets. The Division is continuing to improve the methodology for determining active client counts and to improve AKAIMS data collection, analysis and reporting capabilities. As the Division moves forward with this transition, we anticipate more accurate and complete electronic health records from participating agencies.

Initial development efforts to improve the methodology for determining client counts indicates that the reported FY08 numbers are significantly lower than the actual number of clients served. Starting in FY09, the Division will report client counts using the improved methodology.

The Division, in conjunction with the Mental Health Trust and Advisory Boards, completed the 2006 Alaska prevalence estimates of serious behavioral health disorders. These prevalence estimates will be used as a benchmark to measure penetration rates of behavioral health services. Based on the 2006 census data for low income households, there was an estimated 28,684 Alaskans experiencing a serious behavioral health disorder (i.e., SED, SMI, SUD, or both SMI and SUD). In comparison, for all households, there was an estimated 51,430 Alaskans experiencing a serious behavioral health disorder. For details, refer to the Division's "2006 Behavioral Health Prevalence Estimates in Alaska: Serious Behavioral Health Disorders by Household" (see link below). These estimates, which are considered to be conservative, provide a basis for identifying unmet needs in Alaska's low income and total household population.

The "2006 Behavioral Health Prevalence Estimates in Alaska: Serious Behavioral Health Disorders by Household" is available at the following link in the Document Library:

https://dbh-ssweb.state.ak.us/sites/COSIG/outcomes/default.as

Component: AK Fetal Alcohol Syndrome Program

Contribution to Department's Mission

To reduce alcoholism and substance use and abuse among pregnant women and women of child bearing age.

The expected outcomes of the Alaska Fetal Alcohol Syndrome (FAS) program are to prevent alcohol-related birth defects, to increase diagnostic services in Alaska, to improve the delivery of community-based services to those individuals already affected by Fetal Alcohol Spectrum Disorders (FASD) and to evaluate the outcomes of our statewide project.

Core Services

- Services include training, public education, coordination of statewide diagnostic services, community support through grants and contracts, and the ongoing development of partnerships with other divisions, departments, community agencies, Native health corporations and parents/caregivers to decrease the prevalence of Fetal Alcohol Spectrum Disorders (FASD).

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,352,300

Personnel:	
Full time	0
Part time	0
Total	0

Component: Alcohol Safety Action Program (ASAP)

Contribution to Department's Mission

The mission of the Alcohol Safety Action Program (ASAP) is to screen, refer and monitor both adult and juvenile offenders to ensure that they complete the substance abuse education or treatment program that is prescribed by the courts, Division of Motor Vehicles, and/or Division of Juvenile Justice.

Core Services

- ASAP is both a direct service provider in the Anchorage area and the oversight office for the division's statewide ASAP grant programs.
- The program facilitates entry of all misdemeanor defendants ordered by the court into substance abuse education and/or treatment, monitors court requirements, and provides data regarding those defendants.
- In its grants management role, the ASAP provides training to qualify administrators for ASAP grant programs throughout the state, and provides quality control and monitoring functions on all state-approved ASAP programs.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $4,126,600

Personnel:	
Full time	18
Part time	0
Total	18

Component: Behavioral Health Medicaid Services

Contribution to Department's Mission

The mission of the Behavioral Health Medicaid Services component is to maintain availability of behavioral health services to individuals with a mental disorder or illness and/or a substance abuse disorder.

Core Services

- The Medicaid program is a jointly funded, cooperative entitlement program between federal and state governments to assist in the provision of adequate and competent medical care to eligible needy persons. The State Children's Health Insurance Program (SCHIP), operated through Denali KidCare, is an expansion of Medicaid which provides health insurance for uninsured children whose families earn too much to qualify for Medicaid, but not enough to afford private coverage.
- Mental Health Clinic Services are provided to children and adults who have been identified through an assessment as emotionally disturbed. Behavioral health clinic services include crisis intervention; family, individual or group psychotherapy; intake and psychiatric assessment; psychological testing; and medication management. Clinic services are provided by state-approved outpatient community mental health clinics and mental health physician clinics.
- Mental Health Rehabilitation Services are provided to children and adults identified through an assessment as a severely emotionally disturbed child or as a chronically mentally ill adult. Mental health rehabilitation services are expected to reasonably increase the recipient's ability to function in their home, school, or community. Services include evaluation; individual, family and group skill development; recipient support services; medication administration; and case management.
- Substance Abuse Rehabilitation Services are provided to recipients with an identified need for substance abuse services. Substance abuse services include assessment and diagnosis; outpatient services or intensive outpatient services consisting of counseling, care coordination and rehabilitation treatment; intermediate services provided to patients requiring a structured residential program; medical services directly related to substance abuse; and detoxification.
- Behavioral Rehabilitation Services are intervention and stabilization services provided to severely emotionally disturbed children to help them acquire essential coping skills and to remediate debilitating psycho-social, emotional and behavioral disorders. Services include crisis counseling, milieu therapy, supportive counseling, skills training, and case management. Services may be provided in residential care, therapeutic foster care, or therapeutic group home settings that are state-approved.
- Inpatient Psychiatric Facility Services are provided to severely emotionally disturbed children under 21 years of age in an inpatient psychiatric hospital facility or a residential psychiatric treatment center. Services must be based on the recommendation of an interdisciplinary team, prior authorized by the department, and provided under the direction of a psychiatrist.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $154,512,300

Personnel:	
Full time	0
Part time	0
Total	0

Component: Behavioral Health Grants

Contribution to Department's Mission

To mitigate the impact of behavioral health issues on individual Alaskans who experience severe mental health, alcoholism and other substance abuse impairments by funding prevention, intervention and treatment services through local grantee organizations; and to fund services to assist individuals to achieve recovery and attain their highest possible functioning level.

Core Services

- The Behavioral Health Grants component provides grant funding to local non-profit agencies to support comprehensive, statewide mental health and substance abuse intervention and treatment services.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $33,158,200

Personnel:	
Full time	0
Part time	0
Total	0

Component: Behavioral Health Administration

Contribution to Department's Mission

To direct and administer the statewide behavioral health programs and services, spanning the continuum from prevention and early intervention through treatment and recovery.

Core Services

- This component provides the centralized administrative and organizational structure for Behavioral Health; service system planning and policy development; programmatic oversight of community based behavioral health prevention and treatment services and programs delivered through grantee agencies; program and systems integrity; and, Medicaid management.
- The leadership in this component works closely with the Alaska Mental Health Board, the Advisory Board on Alcoholism and Drug Abuse, and the Alaska Mental Health Trust Authority to determine policy governing the planning and implementation of services and supports for people who experience mental illness, substance abuse disorders, or both.
- The division's staff collaborates regularly in planning and program efforts with other department divisions and other states agencies such as the Department of Corrections.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $11,501,500

Personnel:	
Full time	69
Part time	2
Total	71

Component: Community Action Prevention & Intervention Grants

Contribution to Department's Mission

The mission of this component is to ensure that effective community-based prevention services are available statewide. These prevention services strive to incorporate community readiness, planning, partnerships and coalitions and evidence-based strategies that demonstrate positive outcomes for individuals, families, and communities.

Core Services

- This component is to provide the foundation funding for Alaska's effort to prevent substance abuse within the State, with a special focus on preventing youth from experimenting with and becoming addicted to alcohol and other drugs.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $2,962,400

Personnel:	
Full time	0
Part time	0
Total	0

Component: Rural Services and Suicide Prevention

Contribution to Department's Mission

The mission of this component is to encourage and support regional and community-based efforts to address the problems of suicide, self-destructive behavior and substance abuse.

Core Services

- Programs funded through this component include the Community-Based Suicide Prevention Program (CBSPP), which provides small grants directly to communities; and the Rural Human Services System Project (RHSSP), which provides funds to regional agencies to hire, train and supervise village-based counselors. These counselors provide integrated substance abuse and mental health outpatient, aftercare and support services as well as prevention and education activities.
- Both the Community-Based Suicide Prevention Program and the Rural Human Services System Project focus on ensuring that needed services are both available in, and culturally appropriate to, the villages and towns of rural Alaska. CBSPP coordinators provide a wide range of prevention and intervention services. Rural human service trained village-based counselors provide a full range of paraprofessional services from screening to aftercare under the supervision of more advanced practitioners.
- The RHSSP training program is administered by the University of Alaska Fairbanks, College of Rural Alaska. The Rural Human Services (RHS) certificate is the first step in developing local talent that is eager to remain in their home community and to enter the social services fields. Upon completing their RHS certification, students are encouraged to continue their education with an AA degree in human services, a Bachelor's in social work and a Master's degree if desired.
- CBSPP also provide prevention and education programs in their communities.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $2,921,600

Personnel:	
Full time	0
Part time	0
Total	0

Component: Psychiatric Emergency Services

Contribution to Department's Mission

To protect and improve the quality of life for consumers impacted by mental disorders or illness.

Core Services

- The Psychiatric Emergency Services component provides competitive grant funding to community mental health agencies for services intended to aid people in psychiatric crisis. The service array may include crisis intervention, brief therapeutic interventions to help stabilize the client, and follow-up services.
- Specialized services such as mobile outreach teams and residential crisis/respite services are also funded in this component.
- This is also the component that will respond to a disaster and seek federal assistance if an event meets federal disaster criteria and is declared by the President of the United States.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $9,387,400

Personnel:	
Full time	0
Part time	0
Total	0

Component: Services to the Seriously Mentally Ill

Contribution to Department's Mission

To protect and improve the quality of life for consumers impacted by mental disorders.

Core Services

- The Services for the Seriously Mentally Ill component provides competitive grant funding to community mental health agencies for an array of support services for adults with severe mental illnesses. Core services are assessment, psychotherapy, case management, and rehabilitative services. Specialized services include residential services, vocational services and drop-in centers.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $15,408,200

Personnel:	
Full time	0
Part time	0
Total	0

Component: Designated Evaluation and Treatment

Contribution to Department's Mission

To protect and improve the quality of life for consumers impacted by mental disorders or illness.

Core Services

- The Designated Evaluation and Treatment component provides fee-for-service funding, on a payer-of-last resort basis, to designated local community and specialty hospitals. They provide evaluation and treatment services to people under court-ordered commitment through AS 47.30.655-915, and to people who meet those criteria but have agreed to voluntary services in lieu of commitment.
- A designated facility may provide up to 72-hour inpatient psychiatric evaluations, up to 7 days of crisis stabilization, or up to 40 days of in-patient hospital services close to the consumer's home, family, and support system. Component funding also supports consumer and escort travel to designated hospitals and back to their home community.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $3,031,900

Personnel:	
Full time	0
Part time	0
Total	0

Component: Services for Severely Emotionally Disturbed Youth

Contribution to Department's Mission

To protect and improve the quality of life for consumers impacted by mental disorders or illness.

Core Services

- The Services for Severely Emotionally Disturbed Youth component provides competitive grant funding to community mental health agencies for a range of services for severely emotionally disturbed youth, their families, and for those youth who are at risk of becoming severely emotionally disturbed.
- The core services provided are assessment, psychotherapy, chemotherapy, case management and rehabilitation. Specialized services include individual skill building, day treatment, home-based therapy and residential services.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $13,462,900

Personnel:	
Full time	0
Part time	0
Total	0

Component: Alaska Psychiatric Institute

Contribution to Department's Mission

To improve and enhance the quality of life for consumers impacted by mental disorders. In partnership with patients, families, and their communities, Alaska Psychiatric Institute (API) will provide appropriate, quality, individualized treatment that helps patients to achieve their goals and be successful in their communities.

Core Services

- Alaska Psychiatric Institute (API) provides seven day a week, twenty-four hour in-patient treatment for Alaskans with severe and persistent psychiatric disorders or serious maladaptive behaviors.
- In accordance with its statutory mandates and strict health care industry standards and requirements, API provides screening and referral services; medication stabilization; psychosocial rehabilitation services; multidisciplinary assessments; individualized and group therapy and counseling; patient and family education; and inpatient psychiatric treatment services for adults and adolescents.
- API provides services for court-ordered persons accused of criminal activity or found not guilty by reason of insanity, and for adults with severe and persistent mental illnesses who need longer-term care.
- API serves as a backup to the community mental health centers, coordinating transitions from outpatient care to hospitalization and, alternatively, coordinating care with community mental health centers for patients being released from API.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $26,035,400

Personnel:	
Full time	241
Part time	9
Total	250

Component: Alaska Psychiatric Institute Advisory Board

Contribution to Department's Mission

The Alaska Psychiatric Institute's Advisory Board was established as a 'consumer driven' group to provide an important consumer voice to guide the department's development of policies and programs for the Alaska Psychiatric Institute.

Core Services

- The powers, duties and responsibilities of the Alaska Psychiatric Institute's Advisory Board are to provide advice and recommendations to the Commissioner for the Department of Health and Social Services for meeting the needs of the institute's patients, their families and the state.
- In collaboration with the department's commissioner, develop a Strategic Plan for the Alaska Psychiatric Institute (API).

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $10,000

Personnel:	
Full time	0
Part time	0
Total	0

Component: Suicide Prevention Council

Contribution to Department's Mission

The Council is the state planning and coordinating agency for issues surrounding suicide prevention and awareness.

Core Services

- The powers, duties and responsibilities of the Council are to act in an advisory capacity to the Governor and the legislature, with respect to what actions can and should be taken to improve health and wellness throughout the state, by reducing suicide and its effect on individuals, families, and communities.
- Broaden the public's awareness of suicide and the risk factors related to suicide.
- Enhance suicide prevention services and programs throughout the state.
- Develop healthy communities through comprehensive, collaborative, community-based approaches.
- Develop and implement a statewide suicide prevention plan.
- Strengthen existing and build new partnerships between public and private entities that will advance suicide prevention efforts in the state.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $82,800

Personnel:	
Full time	0
Part time	0
Total	0

Children's Services Results Delivery Unit

Contribution to Department's Mission

The mission of the Office of Children's Services is to promote stronger families, safer children.

Core Services

- Investigate protective service reports and ensure services to children and their families when necessary.
- Develop case plans and monitor progress of in-home services.
- Develop permanency plans for children in out-of-home care.
- Facilitate early intervention and treatment services.
- Prevent and remedy child abuse and neglect.

End Result	Strategies to Achieve End Result
A: To prevent child abuse and neglect. Target #1: Increase the number of Early Intervention/Infant Learning Program screenings for children age 0-3 to meet federal requirements. Status #1: The number of children aged 0 - 3 that have been screened through the Early Intervention and Infant Learning Programs has more than tripled in the past 4 years. In 2003, 113 children were screened. In 2008, 425 children were screened.	**A1: Increase the number of referrals from Children's Protective Services to Early Intervention/Infant Learning Program services.** Target #1: Increase the percentage of child protection services referrals provided to children ages 0-3 and attain federal compliance. Status #1: Child Protective Services referrals completed by the Early Intervention and Infant Learning programs have increased 55% from 2003 to 2008. **A2: To reunify children in out-of-home placements with parents or caretakers as soon as it is safe to do so.** Target #1: Increase the rate of children reunified with their parents or caretakers within 12 months of removal. Status #1: Annual rates of all children reunified with their parents or caretakers within 12 months of removal has remained steady at 66% for 2007 and 2008. This is 10% lower than the National Standard.

End Result	Strategies to Achieve End Result
B: Safe and timely adoptions. Target #1: Increase the annual number of completed adoptions. Status #1: The number of children placed in adoptive homes increased by 29% from 2007 to 2008. That is equal to an additional 72 placements in a 12 month period.	**B1: Promote the adoption of older youth ages 12 - 18 years.** Target #1: Increase the number of adoptions for youth age 12 - 18 years. Status #1: The number of adoptions of Alaska youth age 12 through 18 increased by 67.6% from FY 2007 to FY 2008.

FY2010 Resources Allocated to Achieve Results

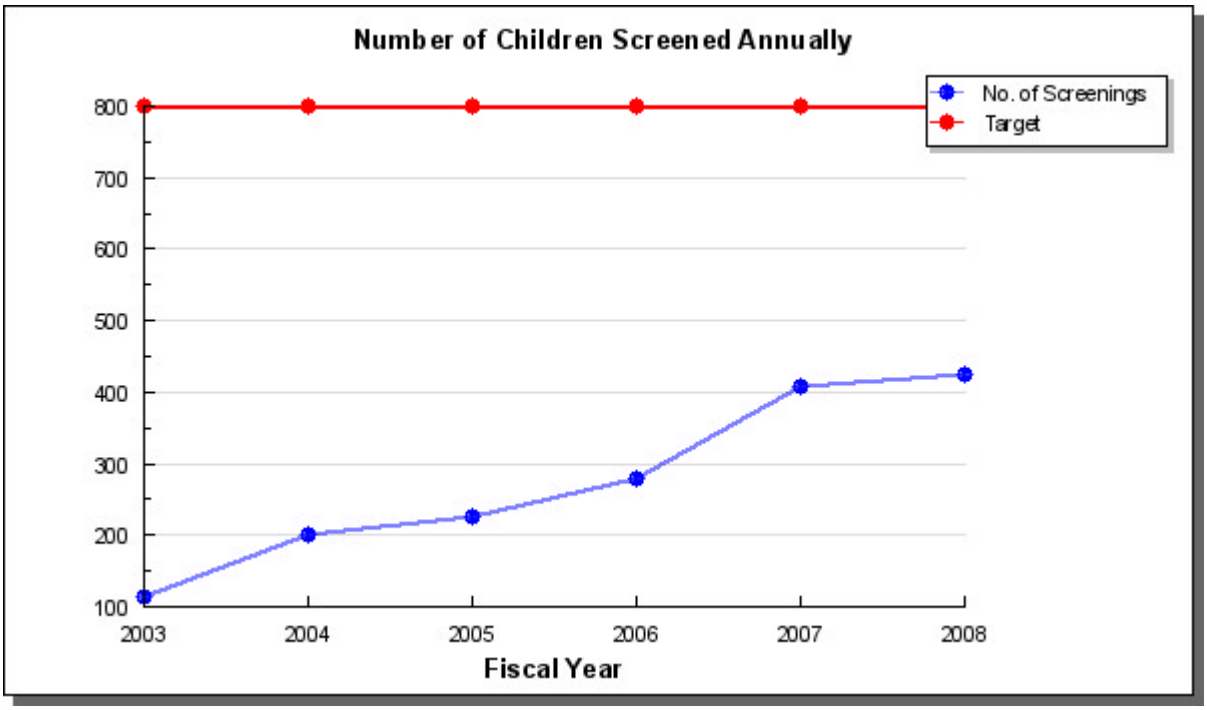
FY2010 Results Delivery Unit Budget: $146,502,300

Personnel:	
Full time	498
Part time	1
Total	499

Performance

A: Result - To prevent child abuse and neglect.

Target #1: Increase the number of Early Intervention/Infant Learning Program screenings for children age 0-3 to meet federal requirements.
Status #1: The number of children aged 0 - 3 that have been screened through the Early Intervention and Infant Learning Programs has more than tripled in the past 4 years. In 2003, 113 children were screened. In 2008, 425 children were screened.



Methodology: Data Source: Office of Children's Services Prevention Unit.

Number of Children Screened Annually

Fiscal Year	No. of Screenings	Target
FY 2008	425	800
FY 2007	408	800
FY 2006	278	800
FY 2005	225	800
FY 2004	200	800
FY 2003	113	800

Analysis of results and challenges: The Early Intervention/Infant Learning program (EI/ILP) goal is to have every child under the age of three with a substantiated protective services report screened and thus achieve federal compliance within three years. Currently EI/ILP screens only 40 percent of the required screenings under the Child Abuse Prevention and Treatment Act.

In 2003 U.S. Congress passed the Strengthening Families Bill requiring all children birth through three years of age who have been abused or neglected to be referred to the Early Intervention/Infant Learning (EI/ILP) program. By referring all 0-3 year old children who have a substantiated finding of abuse or neglect, the EI/ILP program can conduct an initial screening to identify speech and language delays, cognitive and motor delays and social and emotional delays and then connect families to any needed services. By linking families with services aimed at remedying identified needs of very young children, further abuse and neglect can be negated as associated risk factors are alleviated. While called prevention services, abuse or neglect has already occurred, and by providing this screening and subsequent services, the likelihood of repeat maltreatment is reduced.

The program, as the number of screenings increase, is improving strategies to meet the 100% goal. This task becomes more complex as increased attention related to the behavioral health needs of very young children increases. In the past, the need for these services and a child's eligibility for these services were based on education based domains of development. Strategies must be developed to assure referrals of children who are not yet of school age.

In 2005 EI/ILP discovered that 58% of infants and toddlers enrolled in EI/ILP services had delays in social and emotional development greater than 15%. 182 children (10%) had social and emotional delays greater than 50%. Current programs do not have the capacity to provide adequate training and support to address the social and emotional needs of children currently enrolled in services, much less children with difficulties solely in social and emotional delays. Since 2003, Alaska has seen a 56% increase in the number of referrals from child protective services and expects this number to rise as child protection services and EI/ILP continue to improve communication and understanding of how best to provide supports to these children and families.

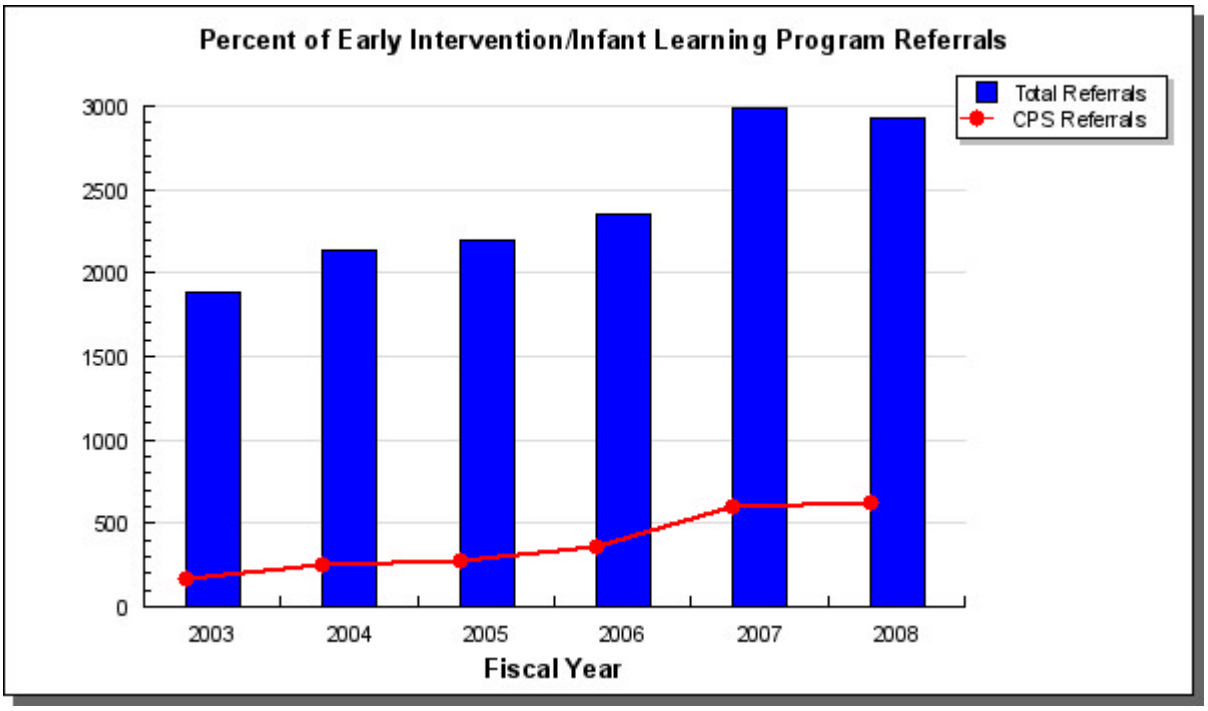
In 2007 EI/ILP continues to identify an increase in children demonstrating delays in social and emotional development and continues to promote resource development in the area of identification and appropriate treatment training for staff to address the issue. EI/ILP currently has a cohort of six providers receiving training in the treatment of social and emotional delays.

A total of 2,926 children were referred from all sources in FY2008. Of the total, 630 children were referred specifically from Child Protective Services, a significant increase over 2004 when there were 155 children referred to infant learning from child protective services.

A1: Strategy - Increase the number of referrals from Children's Protective Services to Early Intervention/Infant Learning Program services.

Target #1: Increase the percentage of child protection services referrals provided to children ages 0-3 and attain federal compliance.

Status #1: Child Protective Services referrals completed by the Early Intervention and Infant Learning programs have increased 55% from 2003 to 2008.



Methodology: Data Source: Office of Children's Services Prevention Unit

Percent of Early Intervention/Infant Learning Program Referrals

Fiscal Year	Total Referrals	CPS Referrals	Percent	Target
FY 2008	2926	630	21.6%	15% increase
FY 2007	2985	602	20.6%	5% increase
FY 2006	2357	363	15.4%	
FY 2005	2201	280	12.7%	
FY 2004	2134	248	11.6%	
FY 2003	1879	169	8.9%	

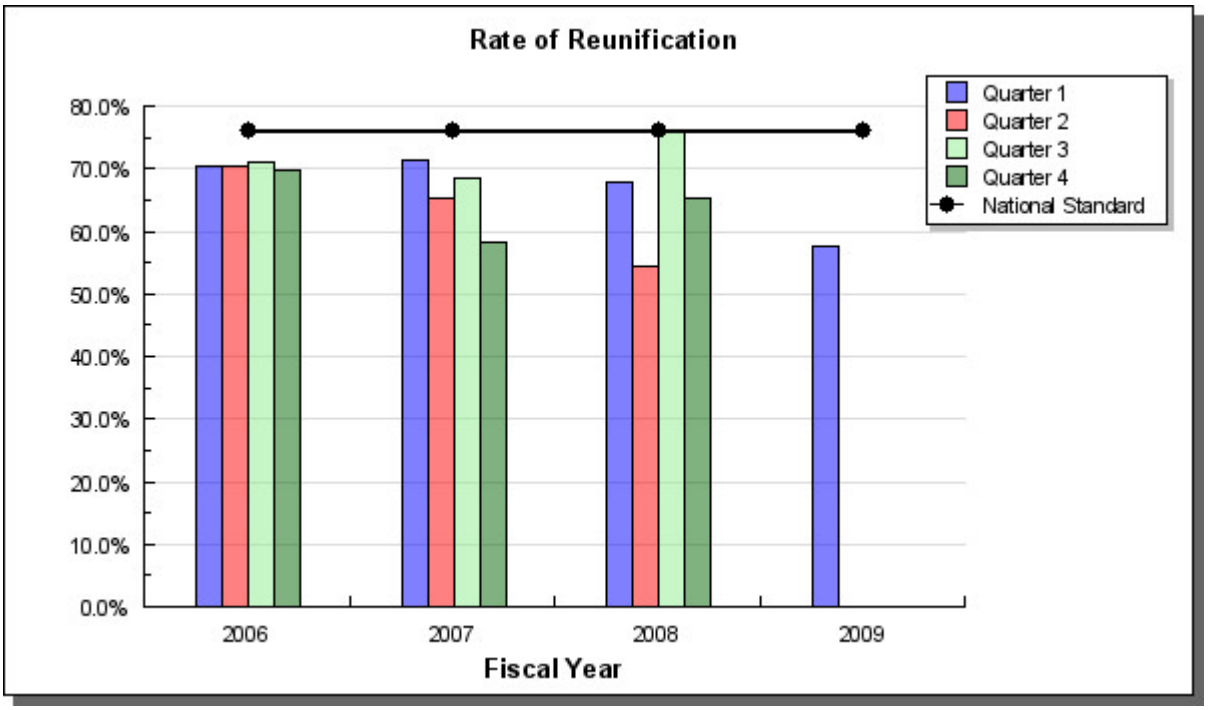
Analysis of results and challenges: The Early Intervention/Infant Learning Program (EI/ILP) goal is to continue to increase the percentage of referrals of children who come to the attention of Child Protection Services (CPS).

As shown above, the program has made steady progress for the past five years, but still has work to do. Not only do the number of referrals and screenings need to go up, but the availability of services required as a result needs to increase. Currently, programs do not have the capacity to provide adequate training and support to address the social and emotional needs of these children. Provider training is currently ongoing.

The significant increase in the number of CPS referrals is a good indicator of increased understanding and communication.

A2: Strategy - To reunify children in out-of-home placements with parents or caretakers as soon as it is safe to do so.

Target #1: Increase the rate of children reunified with their parents or caretakers within 12 months of removal.
Status #1: Annual rates of all children reunified with their parents or caretakers within 12 months of removal has remained steady at 66% for 2007 and 2008. This is 10% lower than the National Standard.



Methodology: This measure is based on children returned to parents or caretakers in less than 12 months from the time of last removal. Data provided for the first two quarters of FY 2006 are static. This data was pre-ORCA and has been annualized for use in this measure in order to provide 3 full years of data. Data Source: Online Resources for the Children of Alaska Data System (ORCA). National Standards are established by the Administration for Children and Families, Children's Bureau. Data Source: Alaska's Online Resources for the Children of Alaska (ORCA) submission to the National Child Abuse and Neglect Data System (NCANDS).

*****Introduction of the Online Resources for the Children of Alaska (ORCA) case management system. With the transition from the old case management system (PROBER) to the new ORCA system, data definitions, policies, and collection procedures have been changed to conform with federal requirements. While the underlying federal methodology for computing measures remains the same, measures computed from these two different systems should not be considered comparable.*

Rate of Reunification

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	National Standard
FY 2009	57.7%	0	0	0	76.2%
FY 2008	67.8%	54.5%	76%	65.4%	76.2%
FY 2007	71.5%	65.2%	68.5%	58.2%	76.2%
FY 2006	70.5%	70.5%	70.9%	69.9%	76.2%

Analysis of results and challenges: This measure represents the percentage of children that were returned to their parents or caretakers in less than twelve months from the time of the latest removal, known as the rate of reunification. While the Office of Children's Services (OCS) did achieve its goal as mandated by the 2002 Federal Performance Improvement Plan, we have not met national standards as set by the federal Administration for Children and Families Children's Bureau. There is much room for improvement in reunifying children with their families in a twelve month period.

With so much effort being placed on the new safety assessment business practice implementation, which has proven to be a more lengthy and complicated process than at first anticipated, and more emphasis on the front end of an OCS intervention to keep children safe, outcomes aimed at achieving permanency for children have not increased or

decreased for 2007 and 2008.

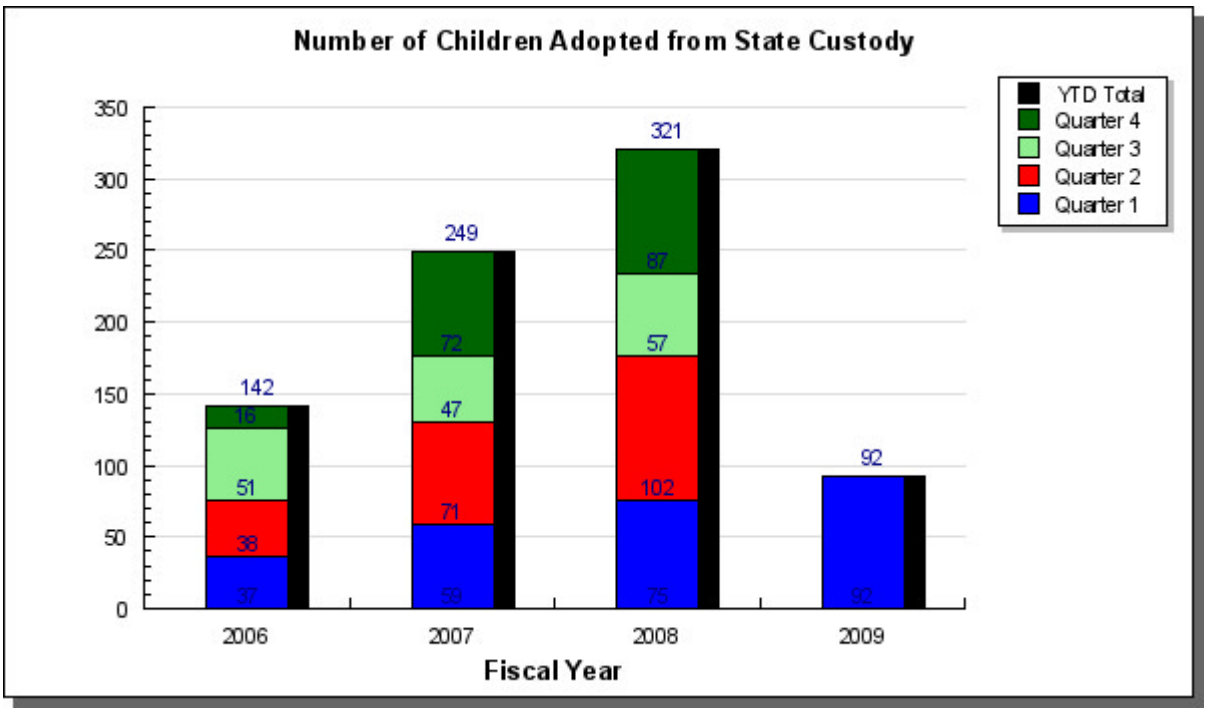
Efforts to improve this measure include collaboration with the Court Improvement Committee to highlight the need for Assistant Attorney Generals, Guardians ad Litem, Court Appointed Special Advocates, and judges to assist in helping the OCS to achieve permanency goals more timely.

By successfully completing the implementation of the safety model, permanency workers will be better equipped to determine whether children can be returned to their families sooner if the safety threats have been remedied and risk factors are all that remain. The premise behind the new safety model encourages workers to continue to assess through the life of the case whether children can be safely returned to their parents before all of the case plan requirements are met. If the reason OCS took children into custody was due to the child being unsafe, then the threshold for their return ought to be the same. Ongoing case plans can be monitored with children in their homes more easily with the family reunified than by requiring the family achieve success by reducing all the risk factors as well.

This model provides that the grantees use an assessment process to be completed with the family upon entry into the program and at different intervals in the life of the case, in order to assess the progress and safety factors as well as increase family functioning to ensure reunification. The grantees also provide for an in-home component to provide face-to-face contact with the family to gather assessment information and formulate a reunification plan.

B: Result - Safe and timely adoptions.

Target #1: Increase the annual number of completed adoptions.
Status #1: The number of children placed in adoptive homes increased by 29% from 2007 to 2008. That is equal to an additional 72 placements in a 12 month period.



Methodology: Data Source: Online Resources for the Children of Alaska (ORCA). The first 2 quarters of FY 2006 predated ORCA. In order to provide 3 full years of data, these quarters are derived from older information and are similar but not 100% comparable.

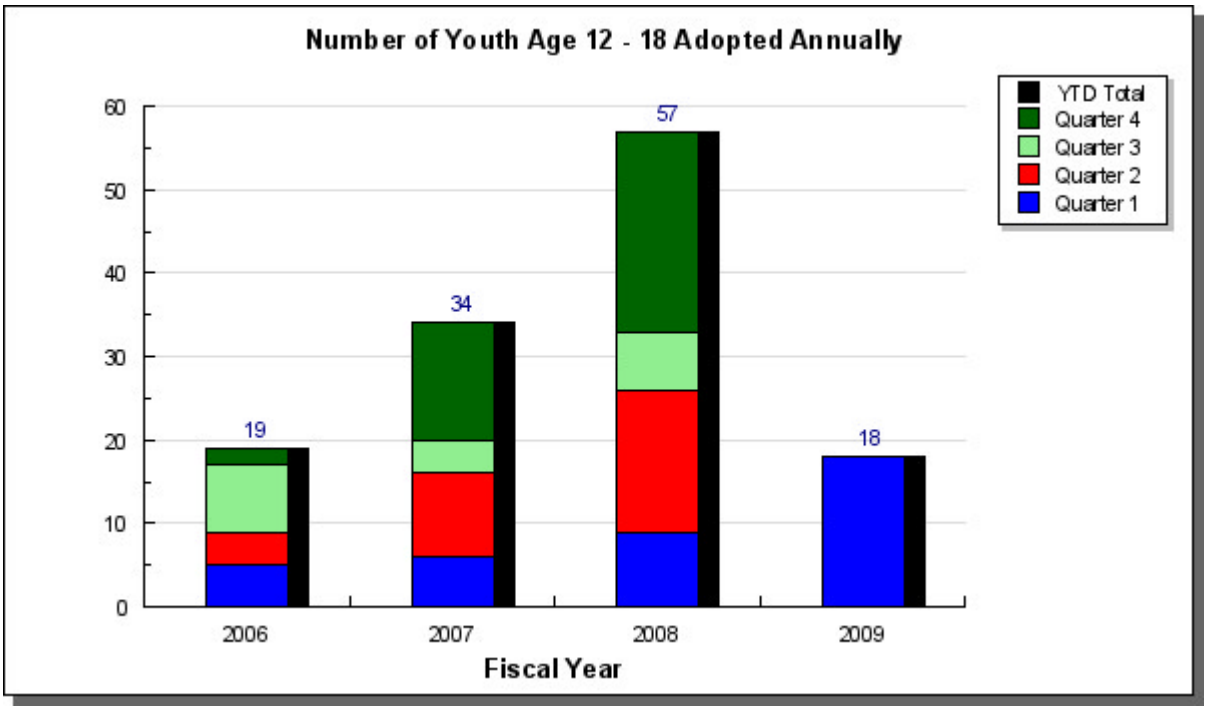
Number of Children Adopted from State Custody

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FY 2009	92	0	0	0	92
FY 2008	75	102	57	87	321
FY 2007	59	71	47	72	249
FY 2006	37	38	51	16	142

Analysis of results and challenges: Since the passage of the Adoption and Safe Families Act of 1997, Alaska has seen an increase in the number of finalized adoptions for children from the Office of Children's Services (OCS) custody. As of June 30, 2008, there were 2,395 children (approximately 77% federally funded and 23% state funded) in the subsidized adoption program. The number of children who are able to achieve permanency through adoption in the OCS system have increased from 249 in 2007 to 321 in 2008. The chart above shows the number of finalized adoptions as reported by State Fiscal Year. As anticipated the adoptions of children in the OCS custody continues to increase as OCS places continued emphasis on meeting the 15 out of 22 month timeframes outlined in the Adoption and Safe Families Act.

B1: Strategy - Promote the adoption of older youth ages 12 - 18 years.

Target #1: Increase the number of adoptions for youth age 12 - 18 years.
Status #1: The number of adoptions of Alaska youth age 12 through 18 increased by 67.6% from FY 2007 to FY 2008.



Methodology: Count of children aged 12 through 18 years adopted within a state fiscal year by quarter. Data Source: Online Resources for Alaska's Children (ORCA) data system.

Number of Youth Age 12 - 18 Adopted Annually

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FY 2009	18	0	0	0	18
FY 2008	9	17	7	24	57
FY 2007	6	10	4	14	34
FY 2006	5	4	8	2	19

Analysis of results and challenges: In 2006, the national focus for adoption was on the adoption of older youth from the child protection system. In Alaska, the focus on the increase of older youth adoptions (children age 12 - 18 years) has been a specific effort. National research studies have indicated that children who leave the foster care system without connections to significant adults (parents, mentors, adoptive parents, guardians) have far greater life challenges. For this reason, the Office of Children's Services has placed emphasis on assisting older youth with developing and maintaining permanent connections in their lives, and for many of these youth, the connections will need to be legally permanent.

In 2007, there were 34 children between the ages of 12 and 18 years adopted through the child care system. In 2008, that number rose to 57. We anticipate that number to decrease or level out in upcoming years.

Component: Children's Medicaid Services

Contribution to Department's Mission

The Children's Medicaid Services provides for the cost of medical services for vulnerable children.

Core Services

- Fund and process payments for services provided to Children's Services clients that are Medicaid eligible.
- Fund and process payments for non-Medicaid eligible Alaskan children in the Bring the Kids Home program (BTKH).
- Manage one-time grants to help Alaska facilities expand the number of beds available to OCS and BTKH children.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $16,145,700

Personnel:	
Full time	0
Part time	0
Total	0

Component: Children's Services Management

Contribution to Department's Mission

The Children's Services Management component provides comprehensive technical, managerial and financial support to OCS programs and workers. It also provides the program support required for 140 outgoing grants as well as 40 incoming grants.

This component further seeks to reduce the incidence and severity of abuse and neglect experienced by the target children and families enrolled in the Early Intervention/Infant Learning program and to provide permanent placements for children in state custody through Subsidized Adoptions and Guardianships.

Core Services

- Supervise child protection services and administrative and program support to the Office of Children's Services field staff.
- Manage and supervise foster care licensing and quality assurance activities, criminal background checks, adoptions, guardianships and foster parent recruitment.
- Oversee the Interstate Compact on the Placement of Children (ICPC).
- Represent the Office of Children's Services role in the Bring the Kids Home initiative; provide grant management and billing services for residential treatment facilities.
- Provide program management for Child Advocacy Centers, differential response grants, family support grants, family preservation grants, and the Time Limited Family Reunification Program.
- Develop and maintain federal funding mechanisms for program eligibility and Tribal partners.
- Provide for responsive community relations services.
- Provide budget and financial management for the agency.
- Provide project management for Alaska's federally mandated SACWIS (Statewide Automated Child Welfare System) known as ORCA (Online Resources for the Children of Alaska).

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $7,311,900

Personnel:	
Full time	53
Part time	1
Total	54

Component: Children's Services Training

Contribution to Department's Mission

The Office of Children's Services Training component funds education and training to OCS social workers, social services associates, licensing workers, supervisors, and managers. Training is designed to enhance workers' ability to assess the safety of a child in the home, recognize abuse and neglect, prevent abuse and neglect from occurring, increase their skills in working with children and their families, and strengthen workers' ability to determine when it is necessary to retain custody of a child.

Core Services

- Provide for education and training for Office of Children's Services child protection social workers, licensing workers, supervisors, managers, and other staff to enhance their skills and knowledge of the practice of child protection services.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,824,800

Personnel:	
Full time	0
Part time	0
Total	0

Component: Front Line Social Workers

Contribution to Department's Mission

The Front Line Social Workers component provides direct services to carry out the legal mandates of the department to prevent and remedy abuse, neglect, and the exploitation of children.

Core Services

- Deliver child protective services: investigate protective services reports; crisis intervention; assess the risk of future harm in the absence of intervention; assess family strengths and needs.
- Develop case plans, assess progress toward achieving case plan goals; initiate legal action to protect children; monitor the implementation of treatment plans; coordinate services.
- Arrange out-of-home care, when appropriate and necessary, in the least restrictive setting; and arrange alternative permanent placement for children when a return home is not possible.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $42,109,800

Personnel:	
Full time	437
Part time	0
Total	437

Component: Family Preservation

Contribution to Department's Mission

Family Preservation delivers services that help children and families at risk or in crisis. Support services include intensive pre-placement services to help children at risk of foster care placement remain safely in the family home. Family Preservation services also comprise follow-up care to families after a foster care placement or after a child abuse and neglect investigation has been substantiated.

Core Services

- Award and manage statewide grants to non-profit agencies to provide services that keep children safe in their own homes; and to strengthen and support adoptive, foster, and extended families.
- Provide for community-based preventive activities designed to increase the strength, stability and wellbeing of children and families.
- Provide for time-limited family reunification services to families with a child in foster care or in a child care institution to facilitate timely reunification of the child and family safely and appropriately.
- Provide Independent Living services to support education, vocational training and life skills of youth in foster care as they enter early adulthood.
- Support Child Advocacy Center (CAC) programs that furnish a safe, child friendly environment for multiple agencies to coordinate child sexual abuse investigations.
- Represent OCS under the Children's Justice Act (CJA) in support of a State Task Force to "Identify areas where improvement is needed in the statewide response to child maltreatment particularly child sexual abuse, make recommendations and take actions to improve the system."
- Deliver support to develop, operate, expand, and enhance a network of community-based, prevention-focused, family resource and support programs.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $12,778,800

Personnel:	
Full time	0
Part time	0
Total	0

Component: Foster Care Base Rate

Contribution to Department's Mission

The Foster Care Base Rate program is designed to meet the basic needs of children in foster care.

Core Services

- The Foster Care Base Rate program reimburses foster parents for the basic, ongoing costs of raising a child.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $17,246,000

Personnel:	
Full time	0
Part time	0
Total	0

Component: Foster Care Augmented Rate

Contribution to Department's Mission

The Foster Care Augmented Rate program is designed to meet the department's statutory mandate to pay the costs of caring for physically or mentally handicapped foster children, including the additional costs of medical care, habilitative and rehabilitative treatment, services and equipment, special clothing, and the indirect costs of medical care, including child care and transportation expenses.

Core Services

- Reimburses foster care providers for extraordinary costs and higher levels of supervision not otherwise covered by the Foster Care Base Rate program.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $2,276,100

Personnel:	
Full time	0
Part time	0
Total	0

Component: Foster Care Special Need

Contribution to Department's Mission

The Foster Care Special Needs program is designed to meet special occasional needs of children in state custody, as mandated by statute.

Core Services

- Reimburses providers for pre-approved "one time" or "irregular" expenditures that are not covered by Foster Care Base Rates and that have been assessed on an as-needed basis.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $6,163,300

Personnel:	
Full time	0
Part time	0
Total	0

Component: Subsidized Adoptions & Guardianship

Contribution to Department's Mission

The Subsidized Adoption & Guardianship program facilitates permanent placements in adoptive homes or stable guardianships for the increasing number of children in state custody whose special needs make them hard-to-place. Adoption is viewed as the most permanent placement for a child and is therefore generally the preferable option.

Guardianships are considered for children who cannot be freed for adoption, but for whom a reasonably permanent home can be provided through guardianship. This is often the best choice for children who cannot live with their parents, but continue to have an important emotional tie with their families that should not be severed.

Core Services

- Provide for permanent homes to children that are in the custody of the state and who are unlikely to be adopted without a subsidy.
- Facilitate permanency through recruitment of homes for children who need permanent homes; home studies on potential adoptive families; pre-adoption services for the child and family; and post-adoption services for up to one year after the final adoption or guardianship court hearing.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $24,541,300

Personnel:	
Full time	0
Part time	0
Total	0

Component: Residential Child Care

Contribution to Department's Mission

The Residential Child Care component provides 24-hour care for children in the custody of the State who are not able to remain in their own home, or who need more structure and treatment than can be provided in foster care. These children and youth often present severe and complex treatment needs such as sexual abuse, sexually aggressive behavior, substance abuse, severe emotional disorders, delinquent behavior, and other dysfunctional behavior.

Core Services

- Fund core services (room and board) for facilities that provide high quality, time-limited residential treatment services for abused, neglected, and delinquent children.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $5,057,500

Personnel:	
Full time	0
Part time	0
Total	0

Component: Infant Learning Program Grants

Contribution to Department's Mission

The Infant Learning Program is committed to promoting access to a flexible array of quality services to every Alaskan infant and toddler with special developmental needs and to their families. The Alaska Early Intervention/Infant Learning Program (EI/ILP) provides early intervention services and supports to families of children age birth to three years who have or are at risk for developmental delays. Services are provided in a manner that respects families, communities and cultural differences and promotes genuine partnerships in all aspects of service design and delivery.

Core Services

- Provide comprehensive, coordinated, home-based early intervention services to families through a system of grantees across Alaska.
- Ensure young children who may have disabilities or developmental delays receive an evaluation to identify the potential need for early intervention/infant learning services.
- Promote positive development and improved health outcomes for Alaska's children prenatal to 8 years through the Early Childhood Comprehensive Systems Project.
- Strengthen families through Early Care and Education as a child abuse prevention approach that focuses on building protective factors in families with young children.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $10,457,400

Personnel:	
Full time	8
Part time	0
Total	8

Component: Children's Trust Programs

Contribution to Department's Mission

The mission of the Children's Trust programs is to provide funds for community-initiated programs to strengthen families and eliminate child abuse and neglect.

Core Services

- Generate funds and commit resources to community-initiated projects that strengthen families and prevent child abuse and neglect.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $589,700

Personnel:	
Full time	0
Part time	0
Total	0

RDU/Component: Adult Preventative Dental Medicaid Svcs

(There is only one component in this RDU. To reduce duplicate information, we did not print a separate RDU section.)

Contribution to Department's Mission

The Adult Preventative Medicaid Dental RDU contributes to the department's mission to provide health care to Alaskans in need by enhancing the dental services available to adults enrolled in Medicaid.

Core Services

- Prior to the creation of this RDU, only emergency dental care was offered to adults to relieve pain or to fight acute infection. Enhanced Adult Dental Services makes available preventive and restorative dental services, in addition to the existing dental emergency services, for adults enrolled in the Medicaid program. HB 105 applies an annual cap of $1,150 for enhanced dental services per adult to keep total spending within budget.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $6,133,800

Personnel:	
Full time	0
Part time	0
Total	0

Health Care Services Results Delivery Unit

Contribution to Department's Mission

To manage health care coverage for Alaskans in need.

Core Services

- Provide access to appropriate health care services.
- Assure access to a full range of health care service information to our customers.

End Result	Strategies to Achieve End Result
A: Mitigate Health Care Services (HCS) service reductions by replacing general funds with alternate funds. Target #1: Reduce by 1% the GF expenses and replace them with alternate funds. Status #1: Due to decreases in IHS billings and FFP rate no success towards target was realized.	**A1: Increase Indian health services (IHS) participation by 5% in expenditures.** Target #1: Increase Indian health services (IHS) Medicaid participation by 5% in expenditures. Status #1: IHS Medicaid participation continues to decline as IHS providers realign their array of services to respond to continuing decline in IHS support. **A2: Expand fund recovery efforts.** Target #1: Increase funds recovered by 2%. Status #1: The division was only able to meet a target of 1% due to a decrease in collections of subrogation, Medicare, and TPL Contractor. The Program Integrity Unit is no longer associated with HCS and its recoveries are not available.

End Result	Strategies to Achieve End Result
B: To provide affordable access to quality health care services to eligible Alaskans. Target #1: Increase by 2% the number of providers enrolled in Medicaid. Status #1: While there has been success in expanding provider mix and numbers, the greatest gains have been in the array of services available to be delivered by anciliary providers and physician extenders.	**B1: Improve time for claim payment.** Target #1: Decrease average response time from receiving a claim to paying a claim. Status #1: The division has decreased the average time to pay a claim from 18 days to 11 days from FY2007 to FY2008. This represents a 39% reduction. **B2: Improve payment efficiency.** Target #1: Increase the percentage of adjudicated claims paid with no provider errors. Status #1: The percentage of claims without error and paid within ten days decreased to 70% in FY2008 compared to 72% in FY2007.

FY2010 Resources Allocated to Achieve Results

FY2010 Results Delivery Unit Budget: $705,255,900

Personnel:	
Full time	127
Part time	0
Total	127

Performance

A: Result - Mitigate Health Care Services (HCS) service reductions by replacing general funds with alternate funds.

Target #1: Reduce by 1% the GF expenses and replace them with alternate funds.
Status #1: Due to decreases in IHS billings and FFP rate no success towards target was realized.

Health Care Services Actuals - Other Funds (in millions)

Fiscal Year	% Federal	% General	% Other
FY 2007	64.8%	31.0%	4.2%
FY 2006	65.3%	28.1%	6.6%
FY 2005	71.5%	17.5%	11.0%
FY 2004	71.1%	16.6%	12.4%
FY 2003	67.5%	25.5%	7.1%
FY 2002	66.6%	27.8%	6.1%
FY 2001	66.4%	22.7%	10.9%
FY 2000	65.3%	25.5%	9.2%
FY 1999	66.0%	34.7%	.8%

Analysis of results and challenges: Seek ways to maximize federal participation through Family Planning, Indian Health Service, Breast and Cervical Cancer, and Title XXI expenditures.

Charted numbers represent actual expenditures recorded in the Alaska Budget System (ABS) as percentages.

As a joint federal-state program, the federal and state governments share the cost of Medicaid. Federal financial participation rates are set at the federal level, and largely outside of state control. The state's portion of Medicaid Service costs differs according to the recipient's Medicaid eligibility group, category of Medicaid service, provider of Medicaid-related service, and Native/Non-native status. For most Medicaid eligibility groups and services, the portion of state Medicaid benefits paid by the federal government is called Federal Medical Assistance Percentage (FMAP).

Note: FY 2004 is the first year reported after the reorganization. FY 2004 and earlier actuals will include the complete Medicaid program (not just Health Care Services) and therefore do not provide exact comparisons between fiscal years.

A1: Strategy - Increase Indian health services (IHS) participation by 5% in expenditures.

Target #1: Increase Indian health services (IHS) Medicaid participation by 5% in expenditures.
Status #1: IHS Medicaid participation continues to decline as IHS providers realign their array of services to respond to continuing decline in IHS support.

Health Care Services IHS Participation (in millions)

Fiscal Year	Total Exp	IHS	% of Total	% Increase
FY 2008	$366.6	$94.6	26%	-29%
FY 2007	$490.2	$134.2	27%	-14%
FY 2006	$528.9	$155.6	29%	-12%
FY 2005	$558.2	$177.8	32%	15%
FY 2004	$503.6	$154.5	31%	15%
FY 2003	$466.6	$134.9	29%	51%
FY 2002	$385.9	$89.3	23%	22%
FY 2001	$323.0	$73.3	23%	48%
FY 2000	$268.4	$49.4	18%	32%
FY 1999	$228.6	$37.5	16%	98%

Methodology: Total expenditures include all direct services claim payments in HCS Medicaid less drug rebates. IHS direct services claim payments, including FairShare claims, are from MMIS-JUCE. The drug rebate offset is from AKSAS.

The % increase is the percent change in IHS expenditures from the prior year.

DHSS, FMS, Medicaid Budget Group using AKSAS and MMIS-JUCE data.

Analysis of results and challenges: Indian Health Service (IHS) expenditures decreased from FY06 to FY07 by $2.3 million. The decrease is largely due to the termination of the FairShare program, a federally-approved program wherein the state increased payments to a tribally-operated hospital. When the program ended, provider rates, as well as expenditures, decreased.

As the program readjusts itself to not including FairShare, evaluation of quarters and state fiscal years will yield more accurate comparisons.

IHS facilities are reimbursed for Medicaid services at a 100% federal participation, whereas non-IHS facility patient costs require a state match on expenditures.

Background:

Increased IHS billing capacity by tribal entities assists with revenue generation. This directly contributes to tribal entities being able to maintain and hire staff to serve recipients closer to home on a more consistent basis. It also decreases the number of American Indian/Alaska Native (AI/AN) beneficiaries going to non-tribal facilities. Certain tribal entities with 638 status receive 100% FMAP for service delivery to AI/AN beneficiaries, thus assisting the state with maximizing federal reimbursement through Centers for Medicare and Medicaid Services IHS. In addition, the Department of Health and Social Services (DHSS) completes periodic data matches between IHS and Management Information System (MMIS) to ensure that AI/AN beneficiaries are appropriately coded in the Eligibility Information System (EIS). This allows DHSS to capture 100% FMAP vs. the standard match for non-native.

Once an AI/AN beneficiary is connected to a tribal healthcare delivery system that is able to bill Medicaid, beneficiaries can access additional service areas if needed. Depending on the door beneficiaries enter, for example, whether it's behavioral health, clinic, or dental, they become a part of the larger tribal healthcare delivery system of that region. The more revenue they generate per service category, the more consistent the long-term system becomes.

A2: Strategy - Expand fund recovery efforts.

Target #1: Increase funds recovered by 2%.
Status #1: The division was only able to meet a target of 1% due to a decrease in collections of subrogation, Medicare, and TPL Contractor. The Program Integrity Unit is no longer associated with HCS and its recoveries are not available.

Medicaid Recoveries: Drug Rebates & Third Party Liability (TPL) Collections (in millions)

Year	Drug Rebates	TPL	Total	% Change
2008	21.9	8.5	30.4	1%
2007	15.5	14.5	30.0	19%
2006	27.5	9.4	36.9	5%
2005	30.2	8.7	38.9	32%
2004	19.4	10.1	29.5	18%
2003	17.0	8.0	25.0	N/A

Analysis of results and challenges: Overall TPL collections for Health Care Services has remained relatively unchanged for fiscal years FY07 and FY08. In FY08 there was only a 1% increase over FY07. Most of the leveling off can be attributable to a decline in receipts recoverd by the TPL contractor, subrogation, and Medicare.

B: Result - To provide affordable access to quality health care services to eligible Alaskans.

Target #1: Increase by 2% the number of providers enrolled in Medicaid.
Status #1: While there has been success in expanding provider mix and numbers, the greatest gains have been in the array of services available to be delivered by anciliary providers and physician extenders.

Number of Providers Enrolled in Medicaid

Year	Applications Received	Applications Denied	Applications Approved	Providers Inactivated	Enrolled Providers
2007	2,485 +1.22%	275 -30.73%	2,020 -2.93%	1,536 -28.49%	11,915 -4.64%
2006	2,455	397	2,081	2,148	12,495

Analysis of results and challenges: Provider enrollment is difficult to compare from any one period to another for a variety of reasons:

1. Provider enrollment and participation in the Alaska Medical Assistance programs is voluntary; providers may choose to end their enrollment at any time and do so for various reasons. A participating provider may enroll without rendering services, and a provider may be enrolled and stop billing for services without dis-enrolling.

2. The time limit for submission of claims is one year from the date services were rendered, and some providers wait many months to bill, which may be a factor in participation and enrollment from year to year.

3. Out-of-state providers may be prompted to enroll when they see an Alaska Medicaid client or when they attempt to bill for the services rendered to our clients. These providers typically cease to participate and/or maintain their enrollment status once the few claims have been paid for these out-of-state health care encounters.

4. There are, at present, no strategies to increase provider enrollment or participation.

Timely payment is part of the strategy for retaining providers who participate in Medicaid. Provider retention is necessary if the department is to meet its goal of affordable access to health care. While it probably does not contribute to increased provider participation, failure to pay timely could negatively impact access to care if dissatisfied providers stop seeing Medicaid patients.

B1: Strategy - Improve time for claim payment.

Target #1: Decrease average response time from receiving a claim to paying a claim.
Status #1: The division has decreased the average time to pay a claim from 18 days to 11 days from FY2007 to FY2008. This represents a 39% reduction.

Operations Performance Summary-Annual Average Days/Entry Date to Claims Paid Date

Fiscal Year	Medicaid Claims	Avg Days	Days Changed
FY 2008	7,263,956	11	-7
FY 2007	7,293,304	18	6
FY 2006	7,721,709	12	-1
FY 2005	7,903,523	13	3
FY 2004	6,690,344	10	0
FY 2003	5,615,072	10	-2
FY 2002	4,959,864	12	0
FY 2001	4,409,121	12	2
FY 2000	3,720,254	10	0

Methodology: Note: Between FY02 and FY03 reports were based on six months data. Since FY04 reports are based on annual data. Source: MARS MR-0-08-T. No national average available.

Analysis of results and challenges: Average days to pay between FY 2007 and FY 2008 decreased from 18 days to 11 days.

Three new initiatives, two in the second half of FY 2006 and the other in first quarter 2007 may provide explanations for the increase of average days. The Personal Care Program instituted a prior authorization process during the third quarter 2006. As part of this new initiative, claims became subject to prior authorization editing. Additionally, regulatory changes for certain Durable Medical Equipment (DME) high-volume supplies occurred during the second half of FY 2006. This resulted in additional claims pending for evaluation and pricing. Lastly, during the first quarter 2007, several new home and community-based waiver program edits were initiated.

Adding to the hindrance, the Department of Health and Social Services' (HSS) contractor experienced a data entry backlog as they converted from outsourced data entry services to in-house data entry. The decease from FY2007 to third quarter FY2008 is a result of completion of training and increased staff proficiecy.
All of the above would have had impact on processing time.

B2: Strategy - Improve payment efficiency.

Target #1: Increase the percentage of adjudicated claims paid with no provider errors.
Status #1: The percentage of claims without error and paid within ten days decreased to 70% in FY2008 compared to 72% in FY2007.

Error Distribution Analysis-Change in the percentage of adjudicated claims paid with no provider errors

Year	Medicaid Claims Paid	% No Errors	% Change
2009	1,538,356	68%	-2%
2008	5,562,537	70%	-2%
2007	5,606,347	72%	-2%
2006	6,082,318	74%	2%
2005	6,150,027	72%	-4%
2004	5,106,692	76%	3%
2003	4,776,730	73%	-1%
2002	4,202,677	74%	1%
2001	3,670,331	73%	1%
2000	3,076,978	72%	0%

Methodology: Chart Notes
1. Between FY01 and FY03 reports were based on six months of data. Since FY04 reports have been based on annual data.
2. This measuer was updated annually through FY05; beginning with FY2006, it is being updated quarterly.
3. FY09 numbers are through first quarter of FY09.
4. Source: MARS MR-0-11-T.

Analysis of results and challenges: Error distribution analysis is designed to capture the percentage of adjudicated claims paid with no provider errors. To ensure correct claim submission from providers, Health Care Services works with providers to resolve problem areas and to get claims paid. First Health, Medicaid's fiscal agent,

provides training to providers on billing procedures, publishes billing manuals, and has a website for providers with information tailored to each provider type.

The sharpest decrease in percentage of adjudicated claims paid with no provider errors was between the first quarter of FY06 and FY07 in Pharmacy. During FY06, the Department of Health and Social Services (DHSS) had two major initiatives that impacted pharmacy: Pharmacy Cost Avoidance and Medicare Part D.

Prior to Pharmacy Cost Avoidance, DHSS, as the State Medicaid Agency, paid the pharmacy claims for recipients who had insurance primary to Medicaid and then attempted to recover the costs from liable third parties. The Pharmacy Cost Avoidance initiative changed this practice. Therefore, the number of claims denied because of other insurance coverage is significant.

Additionally, Medicare Part D required DHSS to deny pharmacy claims for Medicare-covered drugs for those recipients of both Medicaid and Medicare. Previously, Medicaid paid for this same population. This results in a significant denial of claims.

These major changes to the Pharmacy program were noteworthy enough to result in the decrease of claims paid, and as such, claims paid without error.

Component: Medicaid Services

Contribution to Department's Mission

The Division of Health Care Services (HCS) provides Medicaid core services including hospitals, physician services, pharmacy, dental services, transportation; and other services including physical, occupational, and speech therapy; laboratory; x-ray; durable medical equipment; hospice; and home health care.

Core Services

- The Medicaid program is a jointly funded, cooperative entitlement program between federal and state governments to assist in the provision of adequate and competent medical care to eligible needy persons. The State Children's Health Insurance Program (SCHIP), operated through Denali KidCare, is an expansion of Medicaid which provides health insurance for uninsured children whose families earn too much to qualify for Medicaid, but not enough to afford private coverage.
- Health Care Medicaid Services can be grouped into three elements: Direct Services provided to the client and processed through the Medicaid Management Information System (MMIS), Non-MMIS Services for services that are not tracked in MMIS, and Medicaid Financing Services for activities that maximize federal funding.
- Direct Services include these service categories: inpatient and outpatient hospital, physician, health clinic, surgical clinic, prescribed drugs, durable medical equipment, prosthetic devices, dental, transportation, physical therapy, occupational therapy, speech pathology/audiology, laboratory, x-ray, optometrist, midwife, family planning, nutrition, home health, and hospice.
- Non-MMIS Services include payments for insurance premiums (primarily Medicare), contracts for Medicaid operations and cost containment activities, third-party liability services, and supplemental payments to hospitals for uninsured and uncompensated care (Disproportionate Share Hospital program or DSH).

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $662,336,300

Personnel:	
Full time	0
Part time	0
Total	0

Component: Catastrophic and Chronic Illness Assistance (AS 47.08)

Contribution to Department's Mission

Provides a limited benefit package of health services to those individuals with chronic medical conditions who do not qualify for the Medicaid program.

Core Services

- Health Care Services continues its efforts to provide payment for Chronic and Acute Medical Assistance (CAMA) services within the appropriated general fund amount through aggressive management of claiming adjustments for payments made by CAMA for individuals who become Medicaid eligible.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,471,000

Personnel:	
Full time	0
Part time	0
Total	0

Component: Health Facilities Survey

Contribution to Department's Mission

The Department’s mission is to promote and protect the health and well being of Alaskans. The Health Facilities Survey Program contributes to this by protecting the health and safety of Alaska's most vulnerable citizens and reducing their risk of exploitation. The program also ensures public confidence in the health care and community service delivery systems through regulatory, enforcement and educational activities.

Core Services

- Certification and licensing surveyors inspect health care facilities in the state to determine whether they meet state and federal standards, and investigate complaints made against care providers. The purpose of inspections is to determine a care provider's ability to offer services which are safe and of an acceptable quality.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,546,800

Personnel:	
Full time	12
Part time	0
Total	12

Component: Medical Assistance Administration

Contribution to Department's Mission

Department wide, Health Care Services administers the State Children's Health Insurance Program (SCHIP), the Medicaid Management Information System (MMIS), claims payments and accounting, third-party liability collections and recoveries, and the Chronic and Acute Medical Assistance Program.

Core Services

- Administration of the Medicaid and Chronic and Acute Medical Assistance (CAMA) Programs - Programmatic and financial responsibility for Medicaid services and CAMA are housed under Health Care Services (HCS), whose customers are the major users of the services. HCS maintains the operations aspects of the programs, i.e., claims payments; contract management; provider, facility and client services.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $34,376,200

Personnel:	
Full time	84
Part time	0
Total	84

Component: Rate Review

Contribution to Department's Mission

To provide quality accounting, auditing, and rate setting services that supports the department's programs.

Core Services

- Rate setting is centralized under this component for all services, including Medicaid facilities, foster care, and child care facilities. Resources to successfully manage workload will be added as part of the department's Quality Assurance program.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,739,100

Personnel:	
Full time	14
Part time	0
Total	14

Component: Health Planning and Infrastructure

Contribution to Department's Mission

Health Planning and Infrastructure works with communities and organizations to assure access to quality primary and acute health care services in Alaska.

Core Services

- Manage multiple state and federally funded programs that strengthen health care access with a focus on rural areas and underserved populations.
- Conduct statewide health planning to help sustain organized and efficient health care delivery in Alaska.
- Provide technical assistance to hospitals, primary care delivery sites, and other community organizations regarding health care delivery, health care workforce, health care financing and reimbursement, and health care facilities.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $3,786,500

Personnel:	
Full time	17
Part time	0
Total	17

Juvenile Justice Results Delivery Unit

Contribution to Department's Mission

The Division of Juvenile Justice (DJJ) contributes to the department's mission by holding juvenile offenders accountable for their behavior, promoting the safety and restoration of victims and communities, and assisting offenders and their families in developing skills to prevent crime.

Core Services

- Short-term secure detention
- Court ordered institutional treatment for juvenile offenders
- Intake investigation management of informal or formal response
- Probation supervision and monitoring
- Juvenile offender skill development

End Result	Strategies to Achieve End Result
A: Outcome Statement #1 Improve the ability to hold juvenile offenders accountable for their behavior. Target #1: Reduce percentage of juveniles who reoffend following release from institutional treatment facilities to less than 33%. Status #1: The recidivism rate as defined for youth released from institutional treatment in F06 was 41%, a slight increase in comparison to previous fiscal years. Target #2: Reduce percentage of juveniles who reoffend following completion of formal court-ordered probation supervision to less than 33%. Status #2: The recidivism rate as defined for juveniles who completed formal court-ordered probation was 28%, identical to that identified in the previous two years. Target #3: Alaska's juvenile crime rate will be reduced by 5% over a two-year period. Status #3: The number of reports of juvenile crime made to the Division of Juvenile Justice declined 4.75% between fiscal years 2007 and 2008 and declined 2.6% between fiscal years 2006 and 2008. Target #4: Divert at least 70% of youth referred to the Division away from formal court processes as appropriate given their risks, needs, and the seriousness of their offenses. Status #4: The proportion of juveniles with at least one case (a criminal charge in a report from law enforcement alleging a juvenile perpetrator) diverted from the formal court process remained high, at 78%. Target #5: Improve the ability to collect ordered restitution at the time of case closure to 100% of what	**A1: Strategy 1a: Improve the timeliness of response to juvenile offenses.** Target #1: Seventy-five percent of juvenile referrals will receive an active response within 30 days from the date that the report is received from law enforcement. Status #1: The average time it took juvenile justice staff to respond to reports from law enforcement of juvenile activity continued to improve, with 82.9% of reports responded to within 30 days. **A2: Strategy 1b: Improve the satisfaction of victims of juvenile crime.** Target #1: To monitor and improve victims' satisfaction with juvenile justice services. Status #1: The Division of Juvenile Justice distributed 1,377 surveys to victims of juvenile crime in FY08 and 100 (7.26%) were returned by August 25, 2008. **A3: Improve the division's success in achieving compliance with audit guidelines for juvenile probation officers as specified in the Division of Juvenile Justice (DJJ) field probation policy and procedure manual.** Target #1: All field probation units will achieve an average of 95% compliance with all probation audit standards for each one-year period measured. Status #1: Juvenile probation officers in Alaska again demonstrated a high degree of consistency in meeting expectations for thorough case work. Audits of client files demonstrated an average 93.3% compliance rate in FY08, as compared to 95% in previous years.

was ordered. Status #5: The amount of restitution paid by juvenile offenders by the time their cases close remained high in FY 08, at 86.6%. Target #6: Improve the amount of community work service performed by juvenile offenders to 100% of what was ordered. Status #6: The percentage of hours of community work service completed by juveniles in FY08 remained relatively consistent with that noted in previous years, at 77.1%.	

FY2010 Resources Allocated to Achieve Results

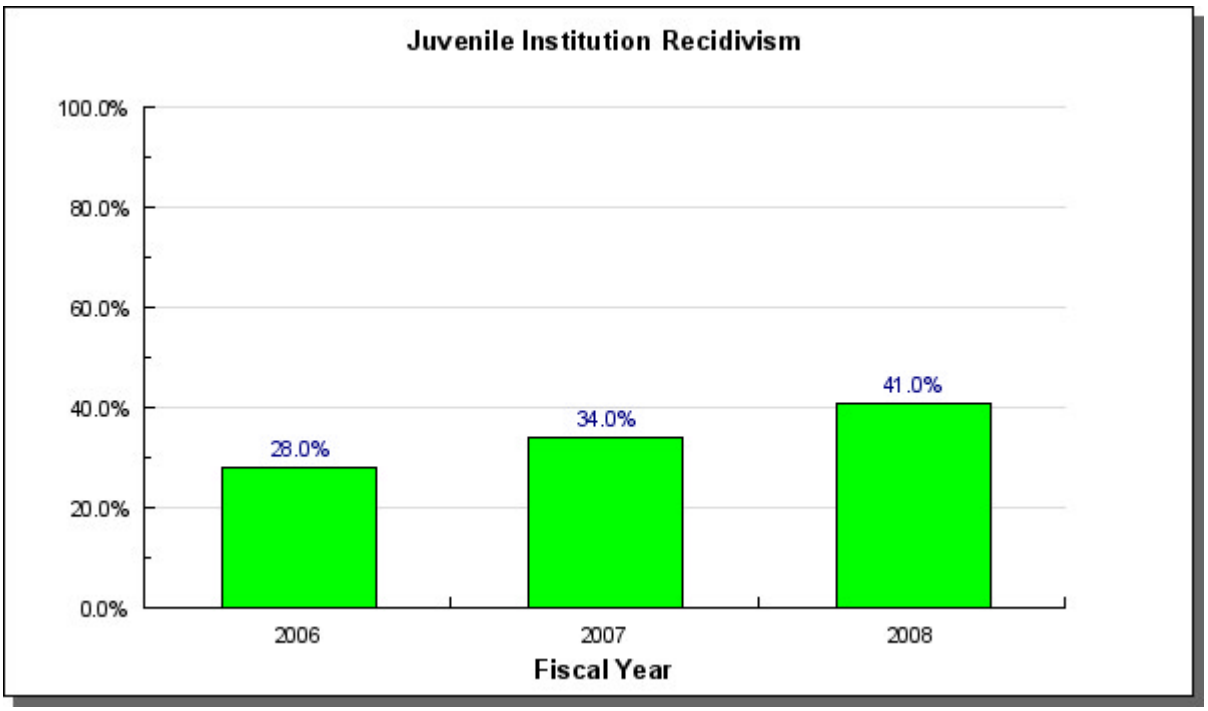
FY2010 Results Delivery Unit Budget: $52,322,100

Personnel:	
Full time	477
Part time	5
Total	482

Performance

A: Result - Outcome Statement #1 Improve the ability to hold juvenile offenders accountable for their behavior.

Target #1: Reduce percentage of juveniles who reoffend following release from institutional treatment facilities to less than 33%.
Status #1: The recidivism rate as defined for youth released from institutional treatment in F06 was 41%, a slight increase in comparison to previous fiscal years.



Juvenile Institution Recidivism

Fiscal Year	YTD Total
FY 2008	41%
FY 2007	34%
FY 2006	28%

Analysis of results and challenges: This measure examines recidivism for youth who have been committed to and released from the Division's four juvenile treatment facilities. These youth typically have the most intensive needs and are the state's more chronic and serious juvenile offenders compared with youth who receive only probation supervision. Recidivism rates for these two populations are considered separately because of the distinctively different levels of risk and need presented, and the different types of interventions and programming received.

Reoffenses, like the original offenses that brought the juveniles to the Division's attention, may be felonies, misdemeanors, drug offenses, weapons crimes, crimes against persons, crimes against property, and other state crimes. Often these crimes are committed while the juvenile is under the influence of alcohol or other drugs, or in the context of domestic violence. The Division has adopted assessment tools both for juveniles and the facilities that house them to work with juveniles to address the root causes of their law-breaking behavior, and will continue to review institutional treatment components and research-based practices as it seeks to improve its outcomes for youths leaving institutions.

The recidivism rate for juveniles released from Alaska's secure treatment institutions was increased slightly this year

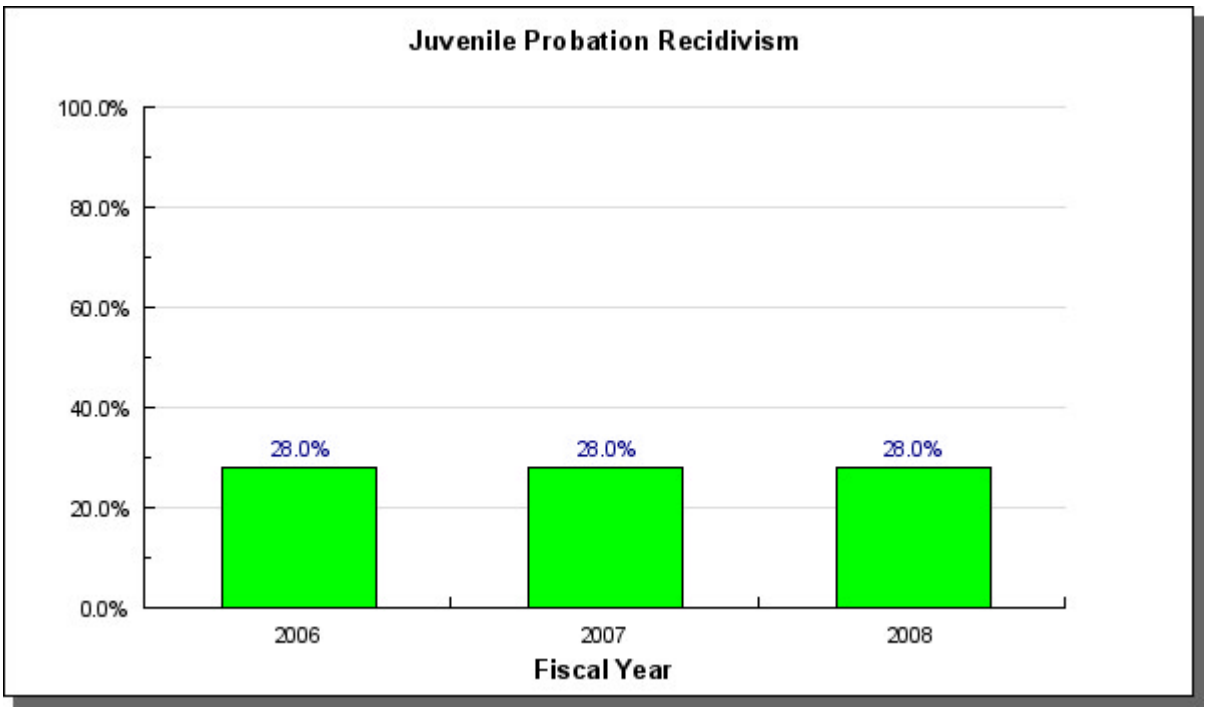
compared with the two previous years. The increase may not be significant; the small number of youth released from institutions each year make it difficult to determine whether changes in the recidivism rate from year to year are part of a trend or an anomaly. Any recidivism is cause for concern, and the Division expects to direct additional staffing, training, and other resources at its juvenile facilities in the coming years to limit future re-offending.

Recidivism among juveniles released from treatment is defined, in Alaska, as reoffenses that occurred within a 12-month window. Sixteen of the 32 states that track recidivism do so on a 12-month basis. Among those states that measure recidivism based on a 12-month follow-up period, and that consider offenses "recidivism" if they result in a conviction or adjudication in the juvenile or adult systems (eight states, including Alaska), the average recidivism rate was 33%. (Source: Juvenile Offenders and Victims: 2006 National Report, National Center for Juvenile Justice, Pittsburgh, 2006, page 234.) This rate serves as the baseline for the juvenile recidivism measure in Alaska.

Note: Reoffenses by juveniles released from Alaska's treatment institutions are determined through analysis of entries in the Division of Juvenile Justice's database and the Alaska Public Safety Information Network. Juveniles are included in this measure if the reason for their release from the treatment facility is marked in JOMIS as "Completion of Treatment," "Sentence Served," Court-Ordered Release," "Transfer to a Non-DJJ Facility," "Order Expired," or "Transfer (Transitional Services Step Down)." Reoffenses are defined as any offenses that occurred within 12 months of release and that resulted in a new juvenile adjudication or adult conviction, or a probation violation resulting in a new institutionalization order. For this FY08 report, adjudication and conviction information on offenses that occurred in FY06 must have been entered in APSIN or JOMIS by August 15, 2008. Adjudications and convictions for motor vehicle, Fish & Game, non-habitual Minor in Possession/Consuming Alcohol, and misdemeanor-level Driving While Intoxicated offenses are excluded. Adjudication and convictions received outside Alaska also are excluded from analysis.

Target #2: Reduce percentage of juveniles who reoffend following completion of formal court-ordered probation supervision to less than 33%.

Status #2: The recidivism rate as defined for juveniles who completed formal court-ordered probation was 28%, identical to that identified in the previous two years.



Juvenile Probation Recidivism

Fiscal Year	YTD Total
FY 2008	28%
FY 2007	28%
FY 2006	28%

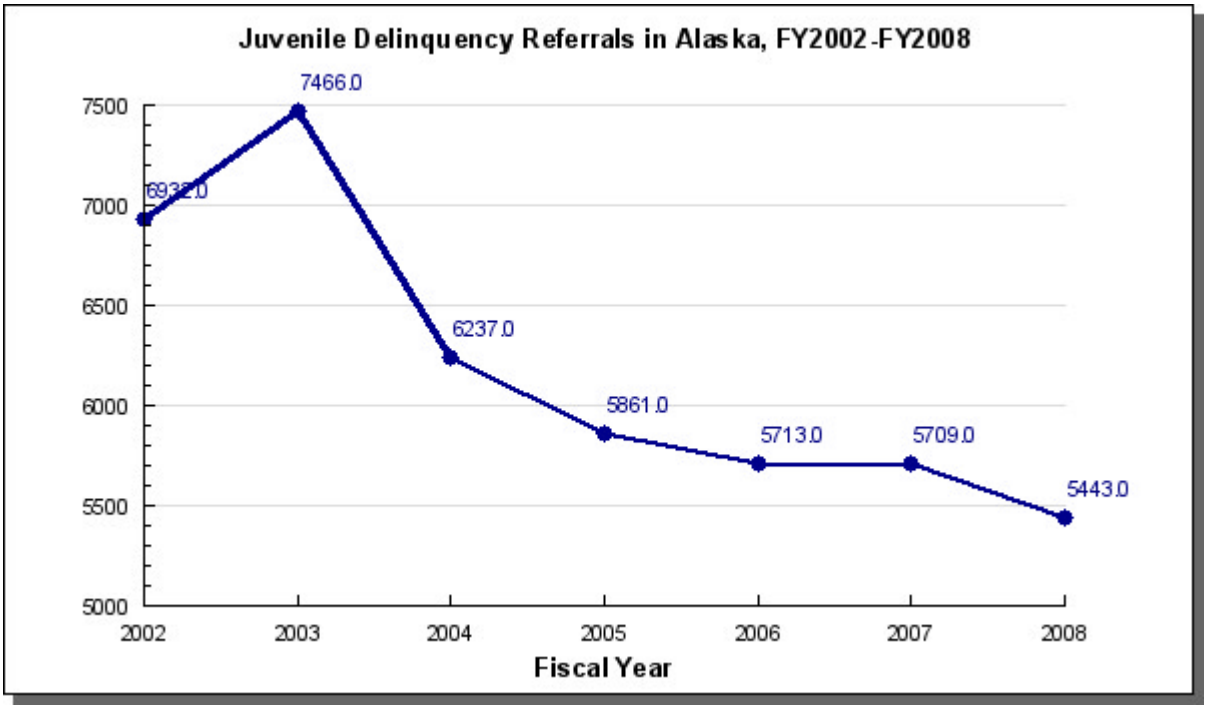
Analysis of results and challenges: This measure examines reoffense rates for juveniles who received probation supervision while either remaining at home or in a nonsecure custodial placement. These youths typically have committed less serious offenses and have demonstrated less chronic criminal behavior than youth who have been institutionalized. Recidivism rates for institutionalized youth are analyzed in a separate performance measure, above, and are considered separately because of the distinctively different levels of risk and need presented, and the different types of interventions and programming received.

Sixteen of the 32 states reported to track recidivism do so on a 12-month basis. Among those states that measure recidivism based on a 12-month follow-up period, and that consider offenses "recidivism" if they result in a conviction or adjudication in the juvenile or adult systems (eight states), the average recidivism rate was 33%. (Source: Juvenile Offenders and Victims: 2006 National Report, National Center for Juvenile Justice, Pittsburgh, 2006, page 234.) This rate serves as the baseline for the juvenile recidivism measure in Alaska. With a 28% rate for its probation population, Alaska compares favorably with this average.

Reoffenses, like the original offenses that brought the juveniles to the Division's attention, may be felonies, misdemeanors, drug offenses, weapons crimes, crimes against persons, crimes against property, and other state crimes. Often these crimes are committed while the juvenile is under the influence of alcohol or other drugs, or in the context of domestic violence. The Division is seeking technical assistance in the coming year to assist in understanding its needs for juvenile probation needs more clearly; this information will ultimately be used to improve the Division's ability to incorporate research-based practices into probation work and ultimately improve outcomes for youth on probation supervision.

Note: Reoffenses for juveniles released from formal probation are determined by checking for entries in the Division's Juvenile Offender Management Information System and the Alaska Public Safety Information Network. This table reports the number of youth for whom court-ordered probation episodes closed during the fiscal year for one of the following reasons: Completed Successfully, Order Expired, Court Termination, Non-compliant Closed, or Waived to Adult Status. Youth whose formal probation ends because of Court Termination Resulting in a new Supervision, Modified, Revoked, Supervision Transfer, Declared Incompetent, or Deceased are not included. Recidivism for this measure is is defined as re-offenses that occurred within 12 months from the time offenders were released from formal probation, and that resulted in a conviction or adjudication. For example, the FY 08 population in the graph above represents youth who were released from formal probation in FY 06, and who re-offended within FY 07. For this FY08 report, adjudication and conviction information on offenses that occurred in FY06 must have been entered in APSIN or JOMIS by August 15, 2008. Youth are not included who have been reassigned to a formal probation order (with or without custody) within seven days of release, as this typically reflects a modification of probation status or custodial placement rather than true completion of supervision. This analysis also excludes youth who were ordered to an Alaska treatment institution anytime prior to their supervision end date, as these youth are included in the analysis for our institutional recidivism performance measure. Adjudications and convictions for Motor Vehicle, Fish & Game, non-habitual violations of Minor in Possession/Consuming Alcohol, and misdemeanor-level Driving While Intoxicated offenses are excluded. Adjudications and convictions received outside Alaska are excluded from analysis.

Target #3: Alaska's juvenile crime rate will be reduced by 5% over a two-year period.
Status #3: The number of reports of juvenile crime made to the Division of Juvenile Justice declined 4.75% between fiscal years 2007 and 2008 and declined 2.6% between fiscal years 2006 and 2008.



Juvenile Delinquency Referrals in Alaska, FY2002-FY2008

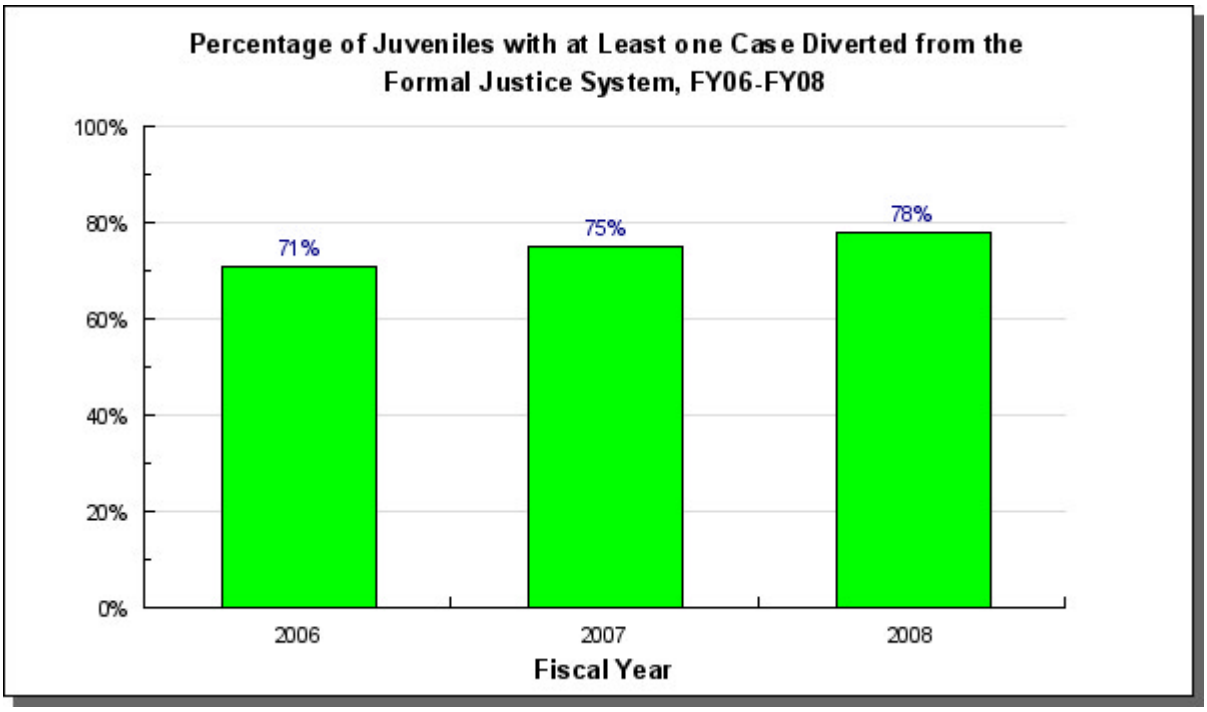
Fiscal Year	YTD Total
FY 2008	5443 -4.66%
FY 2007	5709 -0.07%
FY 2006	5713 -2.53%
FY 2005	5861 -6.03%
FY 2004	6237 -16.46%
FY 2003	7466 +7.7%
FY 2002	6932

Analysis of results and challenges: The number of referrals and the percentage of these referrals per 100,000 juvenile population continued to decrease in FY08 compared with FY07 and FY06. While the change did not meet the target of a 5% decline over a two-year period, the data continued to demonstrate a trend of decreasing juvenile activity that has been noted nationally as well as statewide over the past several years. Definitive reasons for changes in referral levels are unknown. Possible causes could include changes in economic conditions, changes in prevention and intervention techniques, changes in law enforcement practices or resources, or a combination of some or all of these.

Note: Population data for youth aged 10-17 during the years 2003-2007 is provided by the Alaska Department of Labor and Workforce Development. The population estimate for the year 2008 was derived from the 2007 estimate and the 2010 projection from the report Alaska Population Projections 2007-2030, published by the same Department. Juvenile referral data was extracted from the Division of Juvenile Justice's Juvenile Offender

Management Information System (JOMIS) database by on August 18, 2008 and includes referrals for youth who are under 10 years old (these referrals make up less than 1% of the total). This data is continually refined and corrected and numbers in future reports may change slightly.

Target #4: Divert at least 70% of youth referred to the Division away from formal court processes as appropriate given their risks, needs, and the seriousness of their offenses.
Status #4: The proportion of juveniles with at least one case (a criminal charge in a report from law enforcement alleging a juvenile perpetrator) diverted from the formal court process remained high, at 78%.



Percentage of Juveniles with at Least one Case Diverted from the Formal Justice System, FY06-FY08

Fiscal Year	YTD Total
FY 2008	78%
FY 2007	75%
FY 2006	71%

Analysis of results and challenges: Diversion refers to the process of managing juveniles cases through non-court processes, such as non-court adjustments, informal probation, referral to community panels such as youth court, or dismissals. Diversion serves a number of important, valuable purposes. It helps low-risk juveniles who are unlikely to re-offend avoid the stigma and needless harm that can result from delinquency adjudication. Diversion can provide opportunities for community partners and victims to take more active roles in handling low-risk juvenile offenders. Diversion processes reduce burdens on the court system, who otherwise would find it impossible to adjudicate every offender referred to them. Diversion also is considerably less expensive and faster than the formal adversarial process. Diversion processes reduce probation caseloads as well, enabling the Division to better allocate resources and staff time to more serious offenders.

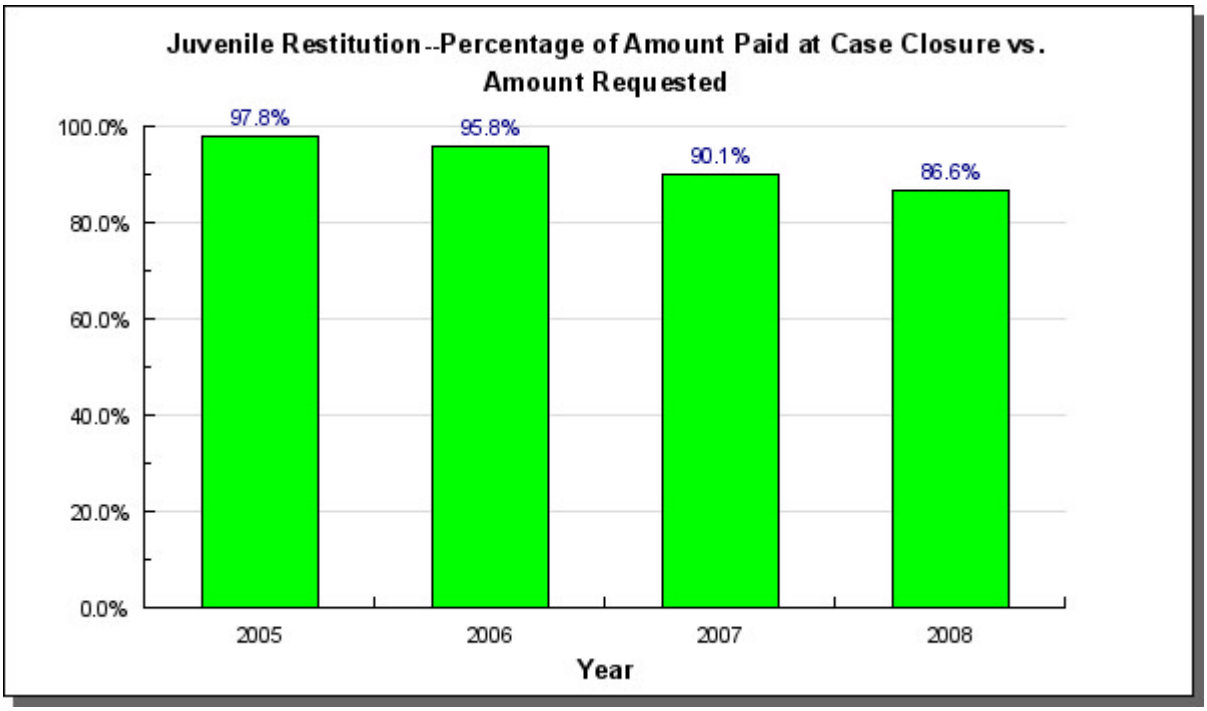
In FY08 2,922 (78%) of 3,728 juveniles referred to the Division had at least one of their charges managed through non-formal court processes. The percentage increased slightly compared with FY06 and FY07 results, but because this is only the third time the Division has considered this measure, the improvement may be due to refinements in recordkeeping, datagathering, and analysis.

Note: For this measure, youth are considered to have been diverted away from the formal court system if the intake decision for their delinquency referrals resulted in at least one charge within the referral being adjusted, dismissed,

placed on informal probation, or forwarded to a community justice panel such as youth court. Referrals that are screened and referred elsewhere, such as back to law enforcement for further information and those that were still in process at the time this data was collected, are excluded from consideration.

Target #5: Improve the ability to collect ordered restitution at the time of case closure to 100% of what was ordered.

Status #5: The amount of restitution paid by juvenile offenders by the time their cases close remained high in FY 08, at 86.6%.



Juvenile Restitution--Percentage of Amount Paid at Case Closure vs. Amount Requested

Year	% of Amt Ordered
2008	86.6%
2007	90.1%
2006	95.8%
2005	97.8%

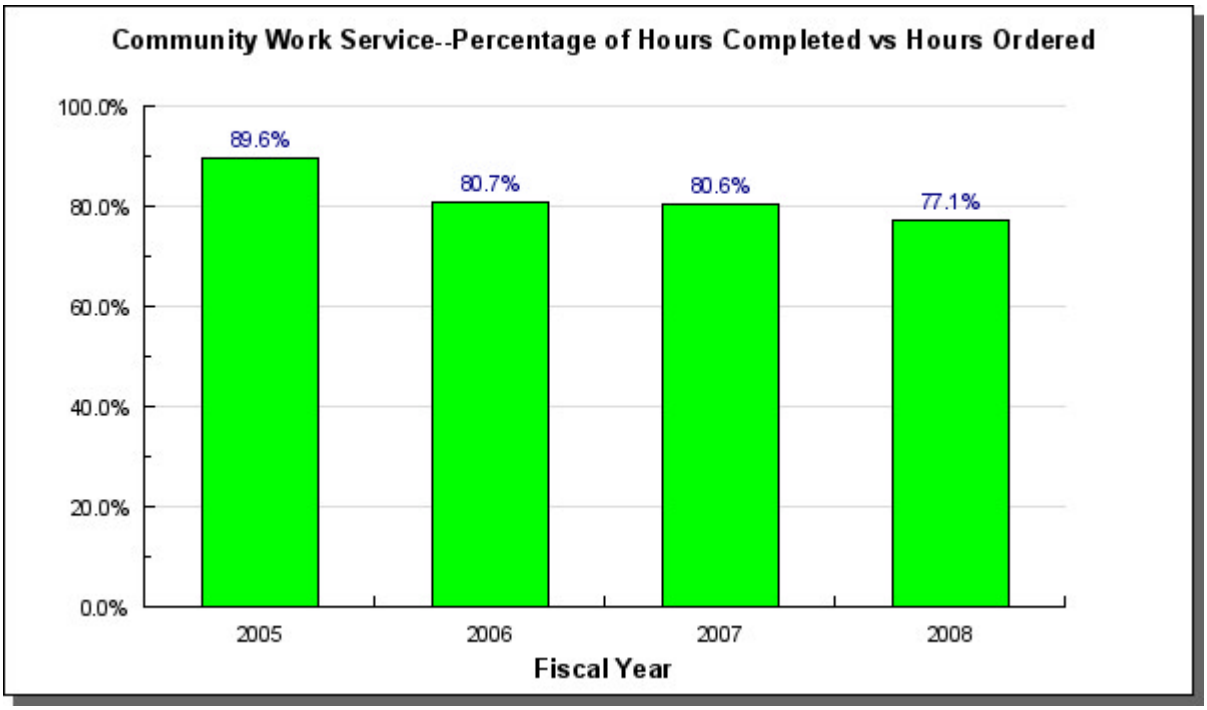
Analysis of results and challenges: This measure provides a gauge of the Division's effectiveness in assisting youths in their efforts to make reparations to those impacted by their criminal behavior. Juvenile probation officers are responsible for ordering and monitoring payments made outside the formal court system. Restitutions assigned through informal procedures are included in this measure, as are assignments of Permanent Fund Dividends made by juvenile probation officers. The amount of restitution reported as paid is that amount provided by the youth at the time of case closure. Restitutions tracked and gathered through youth courts and other community diversion programs are not included in this measure. Since January 1, 2002, restitution payments by juveniles who are processed formally through the Alaska Court System have been tracked, collected, and reported by the Alaska Department of Law Collections & Support Unit and those restitution payments are also not included in this analysis.

FY08 marked the second full year that staff have used the Division's Juvenile Offender Management Information System (JOMIS) to record restitution data. This year the Division identified a feature of the database which inadvertantly led many staff to under-report the amount of restitution paid by clients. While staff attempted to correct this data in time for this report, this issue may be responsible for the slight decrease noted in the restitution collection rates for FY08. This incident has illustrated the need for better quality assurance and training for staff who work with JOMIS, a need the Division hopes to address in the coming fiscal year.

Note: FY06-08 data for this measure was retrieved from the JOMIS report, "Statewide Summary Restitution Report," on August 19, 2008. This data is continually refined and corrected and numbers in future reports may change slightly.

Target #6: Improve the amount of community work service performed by juvenile offenders to 100% of what was ordered.

Status #6: The percentage of hours of community work service completed by juveniles in FY08 remained relatively consistent with that noted in previous years, at 77.1%.



Community Work Service--Percentage of Hours Completed vs Hours Ordered

Fiscal Year	Percentage
FY 2008	77.1%
FY 2007	80.6%
FY 2006	80.7%
FY 2005	89.6%

Analysis of results and challenges: Community work service is a way for juveniles to repair harm caused to those impacted by juvenile crime. The record of community work service must have been closed in the target fiscal year to be included in this measure. Community work service ordered both through formal, court-ordered processes or informal processes directed by a juvenile probation officer are included in this measure. Community work service ordered through youth courts or other alternative justice processes are not included.

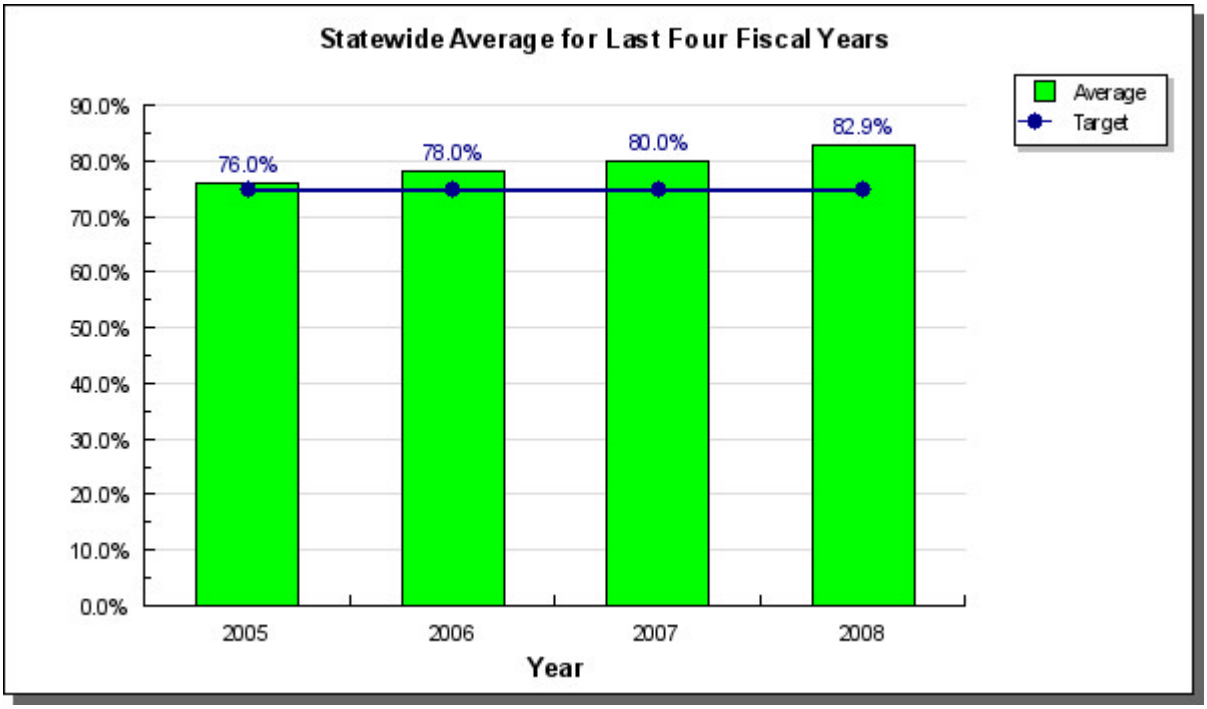
This year the Division identified a feature of the Juvenile Offender Management Information System (JOMIS) which inadvertantly led many staff to under-report the amount of community work service completed by juveniles. While staff worked to correct this data in time for this report, this technical issue may have been responsible for the slight decrease noted in the community work service completion rates for FY08. This incident has illustrated the need for better quality assurance and training for staff who work with JOMIS, a need the Division hopes to address in the coming fiscal year.

Note: Data for this measure for FY06-FY08 was retrieved from the JOMIS report, "Statewide Summary Community Work Service Report," on August 20, 2008. This data is continually refined and corrected and numbers in future reports may change slightly.

A1: Strategy - Strategy 1a: Improve the timeliness of response to juvenile offenses.

Target #1: Seventy-five percent of juvenile referrals will receive an active response within 30 days from the date that the report is received from law enforcement.

Status #1: The average time it took juvenile justice staff to respond to reports from law enforcement of juvenile activity continued to improve, with 82.9% of reports responded to within 30 days.



Statewide Average for Last Four Fiscal Years

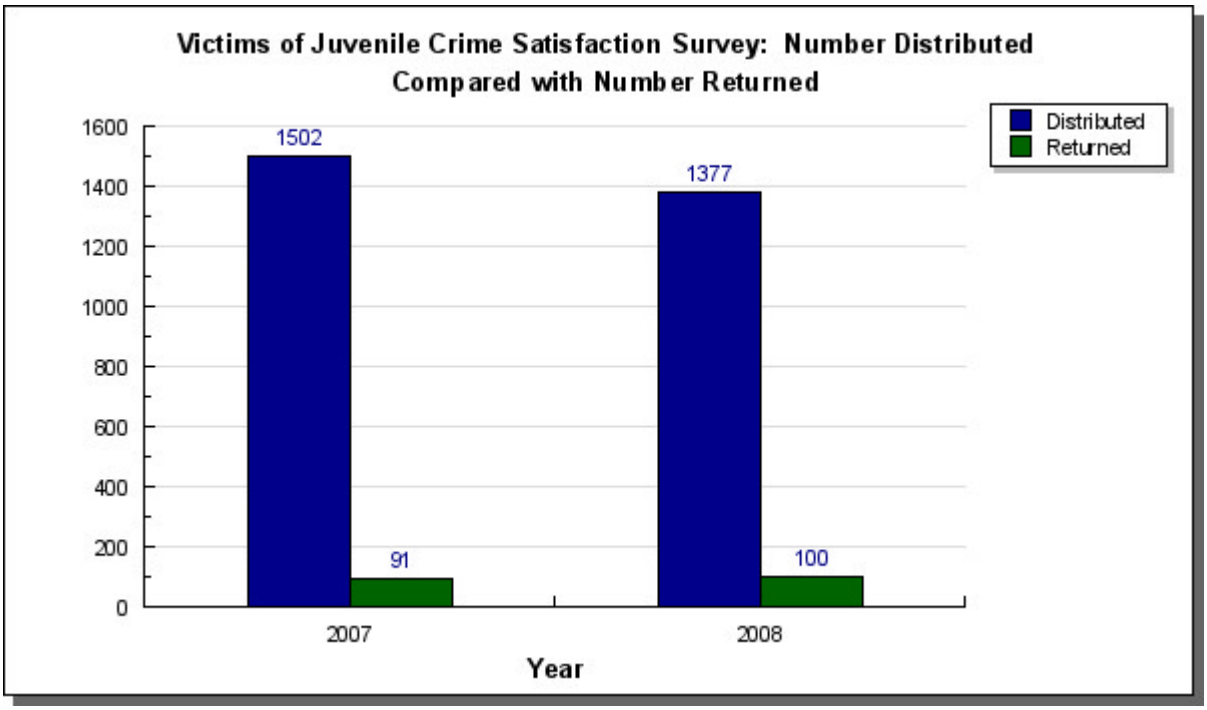
Year	Average	Target
2008	82.9%	75%
2007	80%	75%
2006	78%	75%
2005	76%	75%

Analysis of results and challenges: This measure enables the Division to monitor the percentage of cases that receive an active response within the target response time of 30 days. An active response is defined by the Division as one of three possible actions by staff to deal with the delinquency report (see note below). Research indicates that in order to be effective, responses to juvenile crime must be timely and appropriate to the level of the offense. The statewide average percentage of referrals that received a response within 30 days was 82.9%, exceeding the goal of 75%, as illustrated in the chart. The average response time in FY08 was 18.2 days, a steady and continuous improvement from prior years. The Division is able to provide information on response time through a streamlined procedure in the Juvenile Offender Management Information System (JOMIS).

Note: Delinquency reports (referrals) included in this analysis were those received in the fiscal year that resulted in one of the following actions: Referral Screening (review of the police report and either closing the referral or forwarding it to a community accountability program, such as youth court), Petition Filed (resulting in an adjudication or dismissal by the court), or Intake Interview (which may result in referral being adjusted, dismissed, petitioned, or forwarded to a community accountability program).

A2: Strategy - Strategy 1b: Improve the satisfaction of victims of juvenile crime.

Target #1: To monitor and improve victims' satisfaction with juvenile justice services.
Status #1: The Division of Juvenile Justice distributed 1,377 surveys to victims of juvenile crime in FY08 and 100 (7.26%) were returned by August 25, 2008.



Victims of Juvenile Crime Satisfaction Survey: Number Distributed Compared with Number Returned

Year	Distributed	Returned	Percentage Returned
2008	1377	100	7.3%
2007	1502	91	6.1%

Analysis of results and challenges: Promoting the safety and restoration of the victims of juvenile crime is a critical component of the mission of the Division of Juvenile Justice. Division policies, reflecting Alaska statute, afford victims number of rights in the process of handling delinquency cases. Division staff notify victims when juvenile delinquency matters come to their attention, and they keep victims informed as their cases proceed through the juvenile justice process.

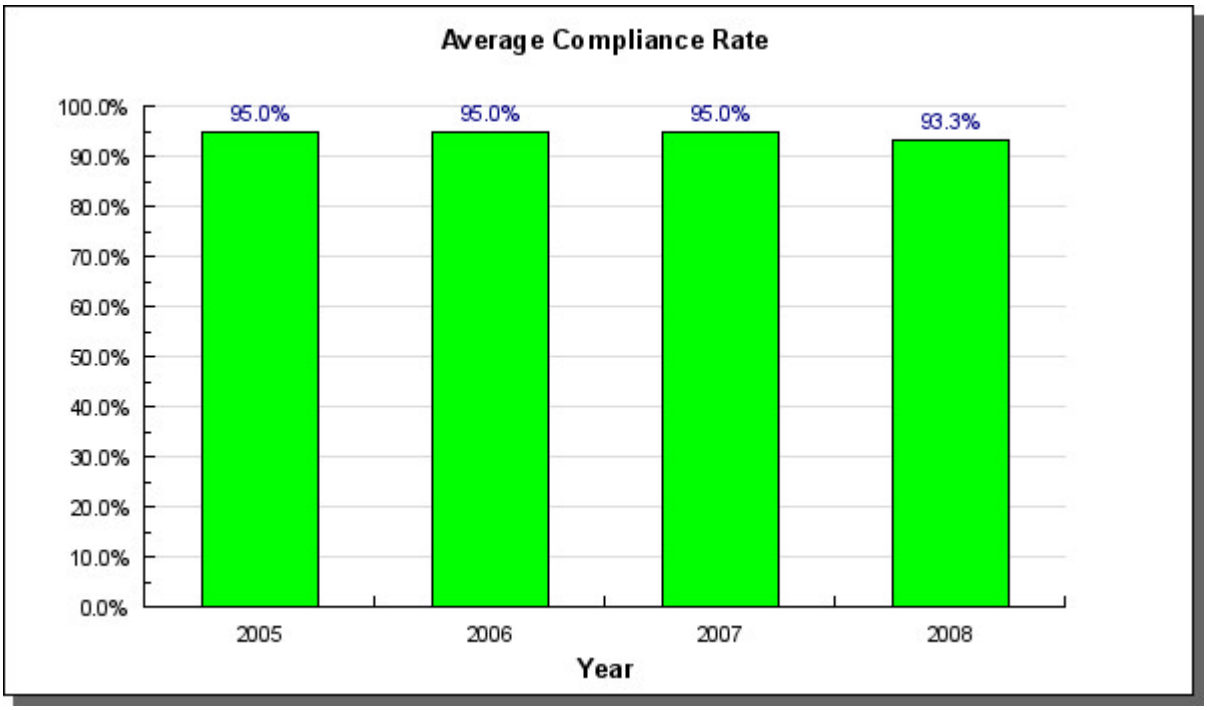
In an effort to determine the Division's effectiveness in providing support and information to victims, the Division worked with the DHSS IT Section to develop a victim's satisfaction survey. The first round of these surveys was distributed in FY07, with 1502 surveys distributed and 91 returned, for a response rate of 6.06%; the response rate for the 1,377 surveys distributed and returned in FY08 was 7.26%.

The survey has been valuable in that it has provided, to those who responded to it, a means for the Division to answer additional questions or provide additional information on a case to victims. However, the low response rate prevents the Division from drawing any conclusions about its effectiveness in providing services to victims. The low response rate appears due, in part, to incomplete contact information provided to law enforcement by the victims themselves, resulting in hundreds of the surveys being returned as undeliverable. The survey, which consists of 15 multiple-choice or short-answer questions, may also have been too long for some respondents to take the time to complete. In FY09 the Division intends to re-examine the survey's format and purposes and anticipates changes to the survey in the coming year.

A3: Strategy - Improve the division's success in achieving compliance with audit guidelines for juvenile probation officers as specified in the Division of Juvenile Justice (DJJ) field probation policy and procedure manual.

Target #1: All field probation units will achieve an average of 95% compliance with all probation audit standards for each one-year period measured.

Status #1: Juvenile probation officers in Alaska again demonstrated a high degree of consistency in meeting expectations for thorough case work. Audits of client files demonstrated an average 93.3% compliance rate in FY08, as compared to 95% in previous years.



Methodology:

Average Compliance Rate

Year	Average
2008	93.3
2007	95%
2006	95%
2005	95%

Analysis of results and challenges: This measure monitors the Division's success in achieving compliance with casework expectations for juvenile probation officers as specified in the DJJ Field Probation Policy and Procedure Manual. Supervisory audits of each probation officer's caseload were conducted on a trimesterly basis. A representative sample of each officers' caseload is audited, and the results used as a constructive means to assess an officer's performance in carrying out the required duties of the position and to ensure the delivery of appropriate services to each client. The Division is continuing to examine the format and method used to conduct audits of probation casework, to attempt to make these audits an even more useful tool in determining the quality of juvenile probation officers' work.

Component: McLaughlin Youth Center

Contribution to Department's Mission

The McLaughlin Youth Center exists to provide secure detention and other services to youth who have been charged with an offense and are awaiting adjudication; treatment services for youth who have been committed to the facility for long-term confinement; and transition/aftercare services to offenders being released from secure treatment. These services are provided in a manner consistent with the Division of Juvenile Justice mission to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.

Core Services

- Sixty-six bed secure detention program, consisting of three separate living units, providing supervision, custody, care and habilitative services for accused and adjudicated delinquent youth. Additional non-secure community based detention services are also provided as an alternative to secure detention for identified youth.
- One hundred bed treatment program, consisting of six living units/program components, providing supervision, custody, care, long-term treatment, and transitional services for adjudicated delinquent youth. Three of these program components are considered statewide resources, providing specialized treatment for female offenders, violent offenders and sex offenders from around the state.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $17,200,100

Personnel:	
Full time	174
Part time	0
Total	174

Component: Mat-Su Youth Facility

Contribution to Department's Mission

The Mat-Su Youth Facility exists to provide co-ed, short-term, secure, juvenile detention services in the Mat-Su Valley of south central Alaska. These services are provided in a manner consistent with the Division of Juvenile Justice's (DJJ) mission to hold juveniles accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.

Core Services

- Fifteen bed secure detention unit providing supervision, custody, care and habilitative services for accused and adjudicated delinquent youth.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $2,010,100

Personnel:	
Full time	19
Part time	0
Total	19

Component: Kenai Peninsula Youth Facility

Contribution to Department's Mission

The mission of the Kenai Peninsula Youth Facility, and the Division of Juvenile Justice, is to hold juvenile offenders accountable for their behavior, promote safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime. To help accomplish the division's mission, the Kenai Peninsula Youth Facility provides secure detention for youth from the Kenai Peninsula.

Core Services

- Ten bed secure detention unit providing supervision, custody, care and habilitative services for accused and adjudicated delinquent youth.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,671,700

Personnel:	
Full time	16
Part time	1
Total	17

Component: Fairbanks Youth Facility

Contribution to Department's Mission

The mission of the Fairbanks Youth Facility (FYF), along with that of the Division, is to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime. FYF provides short-term secure detention for confinement and habilitation of juvenile offenders who have been charged with an offense and are awaiting a judgment on its outcome; and also provides treatment services for youth who have been committed by a court for longer-term confinement.

Core Services

- Twenty-two bed secure detention unit providing supervision, custody, care and habilitative services for accused and adjudicated delinquent youth.
- Twenty bed secure institutional treatment unit providing supervision, custody, care and long-term treatment services for adjudicated delinquent youth.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $4,516,200

Personnel:	
Full time	40
Part time	1
Total	41

Component: Bethel Youth Facility

Contribution to Department's Mission

The Bethel Youth Facility provides secure juvenile detention and court-ordered institutional treatment services for Southwest Alaska. These services are provided in a manner consistent with the Division of Juvenile Justice mission to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.

Core Services

- Eight bed secure detention unit providing supervision, custody, care and habilitative services for accused and adjudicated delinquent youth.
- Ten bed secure institutional treatment unit providing supervision, custody, care and long-term treatment services for adjudicated delinquent youth.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $3,559,600

Personnel:	
Full time	28
Part time	0
Total	28

Component: Nome Youth Facility

Contribution to Department's Mission

The Nome Youth Facility provides short-term and community-based detention services for the youth residing in the Nome and Kotzebue regions of Alaska. These services are provided in a manner consistent with the mission of the Division of Juvenile Justice to address juvenile crime by promoting accountability, public safety, and skill development.

Core Services

- Fourteen bed detention facility providing secure and community-based detention services to accused and adjudicated delinquent youth from the Nome and Kotzebue regions of the state.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $2,383,700

Personnel:	
Full time	18
Part time	1
Total	19

Component: Johnson Youth Center

Contribution to Department's Mission

Johnson Youth Center is the largest of the Division's southeast youth facilities, providing secure juvenile detention and court-ordered institutional treatment services. The facility also provides support services for the Ketchikan Regional Youth Facility. These services are provided in a manner consistent with the Division of Juvenile Justice mission to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.

Core Services

- Eight bed secure detention unit providing supervision, custody, care and habilitative services for accused and adjudicated delinquent youth.
- Twenty-two bed secure institutional treatment unit providing supervision, custody, care and long-term treatment services for adjudicated delinquent youth.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $3,471,100

Personnel:	
Full time	34
Part time	0
Total	34

Component: Ketchikan Regional Youth Facility

Contribution to Department's Mission

The Ketchikan Regional Youth Facility exists to provide a combination of short-term detention for juvenile offenders and crisis stabilization services for youth with a mental illness. These services are consistent with the mission of the Division of Juvenile Justice to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.

Core Services

- Six bed secure detention unit providing supervision, custody, care and habilitative services for accused and adjudicated delinquent youth.
- Four bed short-term, staff-secure, crisis stabilization unit for youth experiencing mental illness.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,610,500

Personnel:	
Full time	17
Part time	0
Total	17

Component: Probation Services

Contribution to Department's Mission

The Probation Services component encompasses the division's juvenile probation services, which provides intake and supervision services for delinquent juveniles, and the Division Director's Office, which provides statewide agency administrative support and management oversight for juvenile probation services and all the juvenile facility components. Services are provided in a manner consistent with the mission of the Division to hold juveniles accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.

Core Services

- Probation supervision and monitoring
- Intake investigation management of informal or formal response
- Management and oversight functions for the division

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $13,286,300

Personnel:	
Full time	131
Part time	2
Total	133

Component: Delinquency Prevention

Contribution to Department's Mission

The Delinquency Prevention component provides federal funding enabling the division to ensure compliance with the four core mandates of the federal Juvenile Justice and Delinquency Prevention Act (JJDPA), amended in 2002, support the Division of Juvenile Justice System Improvement Plan, and meet other needs within the juvenile justice continuum. Services provided adhere to the Division's mission to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.

Core Services

- Ensure that Alaska complies with the core mandates of the federal Juvenile Justice and Delinquency Prevention Act.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,764,800

Personnel:	
Full time	0
Part time	0
Total	0

Component: Youth Courts

Contribution to Department's Mission

This component provides funding for statewide youth court grants across the state. These youth courts provide early intervention and serve as a community-based diversion program to youth who have been referred to juvenile probation for misdemeanor charges, District Court for status offenses, and school suspensions. The mission of the Division of Juvenile Justice is to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime. Youth courts assist the division in carrying out this mission.

Core Services

- Provide front-end accountability for first-time low level juvenile offenders

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $848,000

Personnel:	
Full time	0
Part time	0
Total	0

Public Assistance Results Delivery Unit

Contribution to Department's Mission

The mission of the Division of Public Assistance is to provide self-sufficiency and basic living expenses to Alaskans in need.

Core Services

- Temporary financial assistance and work supports for needy families with children.
- Financial and medical aid for seniors and disabled Alaskans.
- Food assistance and nutrition education for low income households.
- Child care subsidies for needy and low-income working families.
- License child care facilities and home care providers to promote safe, quality child care.
- Access to health care by determining eligibility for Medicaid and Denali KidCare.
- Home heating assistance for low income households.
- Administrative accountability and prevention of fraud and program abuse.

End Result	Strategies to Achieve End Result
A: Low income families and individuals become economically self-sufficient. Target #1: Increase self-sufficient individuals and families by 10%. Status #1: In FY08, the Alaska Temporary Assistance Program showed a 6% decline in the number of families receiving benefits.	**A1: Increase the percentage of temporary assistance families who leave the program with earnings and do not return for six months.** Target #1: 90% of temporary assistance families leave with earnings and do not return for six months. Status #1: The FY08 percent of Alaska Temporary Assistance families who left the program with earnings and did not return for six months was 86% compared to 87% in FY07 and 81% in FY02. **A2: Increase the percentage of temporary assistance families with earnings.** Target #1: 40% of temporary assistance families with earnings. Status #1: The percent of Alaska Temporary Assistance families with earnings for FY08 held steady for the fourth year in a row at 33% despite a declining caseload with a higher percentage of families experiencing significant challenges. **A3: Increase the percentage of temporary assistance families meeting federal work participation rates.** Target #1: 50% of temporary assistance families meet federal work participation rates. Status #1: In FY08, 65% of Alaska Temporary Assistance families were engaged in work and training activities, 42% of Alaska Temporary Assistance families met the federal participation requirements, exceeding the federal target of 37%.

A4: Improve timeliness of benefit delivery.

Target #1: 95% of food stamp expedited service applications are processed within 5 days.
Status #1: In FY08, 88% of emergency food stamp applications were processed within 5 days.

Target #2: 96% of new food stamp applications are processed within 30 days.
Status #2: In FY08, 90% of food stamp initial applications were processed within 30 days with an overall average processing time of 18 days.

Target #3: 99.5% of food stamp recertification applications are processed within 30 days.
Status #3: In FY08, 92% of food stamp recertification applications were processed within 30 days.

Target #4: 90% of temporary assistance applications are processed within 30 days.
Status #4: In FY08, 81% of Alaska Temporary Assistance applications were processed within 30 days with an overall average processing time of 21 days.

Target #5: 90% of Medicaid applications are processed within 30 days.
Status #5: In FY08, 64% of Medicaid applications were processed within 30 days, a decline of 25% since FY06 due to changes in federal program rules that have greatly increased the complexity and processing time of Medicaid applications.

A5: Improve accuracy of benefit delivery.

Target #1: 93% of food stamp benefits are accurate.
Status #1: In FFY07, 96.1% of food stamp benefits were accurate. This exceeded the national average of 94.7% and reflects a steady increase since FFY03.

Target #2: 95% of temporary assistance benefits are accurate.
Status #2: The FFY07 Alaska Temporary Assistance benefit accuracy is 99%, a 5-year high.

Target #3: 93% of Medicaid eligibility determinations are accurate.
Status #3: In FFY07, 96% of the Medicaid eligibility determinations were accurate, an increase over the last two years.

A6: Increase the percentage of subsidy children in licensed care.

Target #1: 76% of subsidy children are in licensed care.
Status #1: In FY08, 73% of children receiving child care assistance were in licensed care, down from 78% in

	FY06.

FY2010 Resources Allocated to Achieve Results

FY2010 Results Delivery Unit Budget: $289,394,800

Personnel:	
Full time	532
Part time	13
Total	545

Performance

A: Result - Low income families and individuals become economically self-sufficient.

Target #1: Increase self-sufficient individuals and families by 10%.
Status #1: In FY08, the Alaska Temporary Assistance Program showed a 6% decline in the number of families receiving benefits.

Changes in Self Sufficiency

Fiscal Year	September	December	March	June	YTD Total
FY 2008	-7%	-7%	-5%	-6%	-6%
FY 2007	-5%	-11%	-13%	-10%	-9%
FY 2006	-23%	-22%	-19%	-20%	-22%
FY 2005	-6%	-7%	-8%	-6%	-7%
FY 2004	-12%	-7%	-6%	-9%	-9%
FY 2003	-1%	-11%	-14%	-13%	-9%
FY 2002	-16%	6%	4%	3%	-2%

Analysis of results and challenges: Overall, there has been a 61% decline in the caseload since FY96.

The goal is for clients to move off Temporary Assistance with more income than they received while on the program, and for those clients to stay employed with sufficient earnings to stay off the program. As the caseload declines, families with more significant challenges to employment make up a higher percentage of the caseload. Therefore, with a declining caseload, it becomes more difficult to achieve higher percentages of families becoming self-sufficient.

The other four monthly columns show a snapshot of caseload rate change compared to the previous year's month. (Note: The YTD Total column represents the average annual monthly caseload rate change.)

A1: Strategy - Increase the percentage of temporary assistance families who leave the program with earnings and do not return for six months.

Target #1: 90% of temporary assistance families leave with earnings and do not return for six months.
Status #1: The FY08 percent of Alaska Temporary Assistance families who left the program with earnings and did not return for six months was 86% compared to 87% in FY07 and 81% in FY02.

Percent of Temporary Assistance Families Who Leave the Program With Earnings and Do Not Return for 6 Months

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
2008	86%	86%	87%	84%	86%
2007	88%	88%	86%	85%	87%
2006	87%	87%	80%	84%	85%
2005	88%	85%	80%	82%	84%
2004	90%	85%	79%	80%	84%
2003	85%	87%	82%	82%	84%
2002	83%	83%	76%	81%	81%

Analysis of results and challenges: The goal is for clients to move off Temporary Assistance with more income than they received while on the program, and for those clients to stay employed with sufficient earnings to stay off the program. The measurement ties in job retention, since retaining employment is directly related to remaining off Temporary Assistance.

The division provides childcare and supportive services to support employed families during the transition to self-sufficiency. Supportive services include case management support to continue coaching the employed client during this vulnerable period.

To calculate this measure, we divide the number of cases that closed with earnings six months ago who are not in the current caseload by the number of cases that closed with earnings six months ago. The calculation for the quarterly figures is a weighted average of the three months in the quarter. The YTD total is a weighted average of all the months so far in the year.

A2: Strategy - Increase the percentage of temporary assistance families with earnings.

Target #1: 40% of temporary assistance families with earnings.
Status #1: The percent of Alaska Temporary Assistance families with earnings for FY08 held steady for the fourth year in a row at 33% despite a declining caseload with a higher percentage of families experiencing significant challenges.

Percent of Temporary Assistance Adults With Earnings

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
2008	35%	33%	32%	35%	33%
2007	36%	32%	32%	36%	34%
2006	34%	32%	32%	36%	34%
2005	34%	31%	30%	35%	33%
2004	31%	29%	29%	35%	31%
2003	30%	28%	27%	32%	29%
2002	31%	28%	27%	31%	29%

Analysis of results and challenges: This is a measure of current Temporary Assistance recipients who have earned income. As the caseload declines, those adults with more significant barriers to employment make up a higher percentage of the caseload. Therefore, with a declining caseload, it becomes more difficult to achieve higher percentages of recipients with earned income. The goal of the division's welfare to work effort is to move families off assistance and into a job that pays well enough for the family to be self-sufficient.

The calculation for the quarterly figures is a weighted average of the three months in the quarter. The YTD total is a weighted average of all the months so far in the year.

A3: Strategy - Increase the percentage of temporary assistance families meeting federal work participation rates.

Target #1: 50% of temporary assistance families meet federal work participation rates.
Status #1: In FY08, 65% of Alaska Temporary Assistance families were engaged in work and training activities, 42% of Alaska Temporary Assistance families met the federal participation requirements, exceeding the federal target of 37%.

Percentage of temporary assistance families meeting federal work participation rates.

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
2008	44%	42%	41%	45%	42%
2007	47%	46%	46%	50%	47%
2006	42%	43%	44%	44%	44%
2005	39%	37%	39%	40%	40%
2004	36%	36%	36%	37%	37%
2003	32%	33%	33%	34%	34%
2002	38%	37%	36%	36%	36%

Analysis of results and challenges: Temporary Assistance (TA) is a work-focused program designed to help Alaskans plan for self-sufficiency and to make a successful transition from welfare to work. Federal law requires the state to meet work participation requirements. Failure to meet federal participation rates results in fiscal penalties.

The quarterly figures are YTD figures. The federal participation rate calculation is a running YTD figure.

As Alaska's TA caseload declines, a growing portion of the families require more intensive services just to meet minimal participation requirements. Enhancement of TA Work Services will serve to identify and address client challenges to participation.

A4: Strategy - Improve timeliness of benefit delivery.

Target #1: 95% of food stamp expedited service applications are processed within 5 days.
Status #1: In FY08, 88% of emergency food stamp applications were processed within 5 days.

Percentage of food stamp expedited service households that meet federal time requirements

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FY 2008	93.1%	90.4%	86.6%	88.4%	88.4%
FY 2007	96.5%	96.2%	96.3%	96.4%	96.4%
FY 2006	95.0%	95.6%	96.0%	95.7%	95.7%
FY 2005	90.9%	92.3%	92.7%	93.5%	93.5%
FY 2004	93.2%	93.8%	94.5%	94.7%	94.7%
FY 2003	94.0%	90.5%	90.8%	92.1%	92.1%
FY 2002	95.4%	94.5%	93.4%	93.4%	93.4%

Analysis of results and challenges: Timely benefits ensure clients have their benefits when they need them. Untimely benefits cause budget issues for clients and impact their ability to gain self-sufficiency. An issue affecting timeliness is the balance that eligibility workers must strike between timely and accurate benefit delivery.

The quarterly data are YTD figures.

Target #2: 96% of new food stamp applications are processed within 30 days.
Status #2: In FY08, 90% of food stamp initial applications were processed within 30 days with an overall average processing time of 18 days.

Percentage of new food stamp applications that meet federal time requirements

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FY 2008	94.8%	92.2%	89.6%	90.3%	90.3%
FY 2007	97.2%	97.3%	97.2%	97.1%	97.1%
FY 2006	95.4%	95.9%	96.1%	96.2%	96.2%
FY 2005	95.2%	95.5%	95.7%	95.9%	95.9%
FY 2004	96.2%	96.1%	96.3%	96.5%	96.5%
FY 2003	95.9%	95.1%	95.1%	95.5%	95.5%
FY 2002	93.0%	94.2%	94.3%	94.7%	94.7%

Analysis of results and challenges: Timely benefits ensure clients have their benefits when they need them. Untimely benefits cause budget issues for clients and impact their ability to gain self-sufficiency. An issue affecting timeliness is the balance that eligibility workers must strike between timely and accurate benefit delivery.

Target #3: 99.5% of food stamp recertification applications are processed within 30 days.
Status #3: In FY08, 92% of food stamp recertification applications were processed within 30 days.

Percentage of food stamp recertification applications that meet federal time requirements

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FY 2008	94.6%	93.9%	92.6%	92.4%	92.4%
FY 2007	99.7%	99.5%	99.5%	99.1%	99.1%
FY 2006	99.4%	99.5%	99.5%	99.5%	99.5%
FY 2005	99.5%	99.5%	99.5%	99.6%	99.6%
FY 2004	99.6%	99.6%	99.6%	99.6%	99.6%
FY 2003	99.5%	99.5%	99.4%	99.4%	99.4%
FY 2002	99.8%	99.8%	99.7%	99.6%	99.6%

Analysis of results and challenges: Timely benefits ensure clients have their benefits when they need them. Untimely benefits cause budget issues for clients and impact their ability to gain self-sufficiency. An issue affecting timeliness is the balance that eligibility workers must strike between timely and accurate benefit delivery.

Target #4: 90% of temporary assistance applications are processed within 30 days.
Status #4: In FY08, 81% of Alaska Temporary Assistance applications were processed within 30 days with an overall average processing time of 21 days.

Percentage of Temporary Assistance applications that meet time requirements

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FY 2008	83%	82%	81%	81%	81%
FY 2007	85%	83%	83%	84%	84%
FY 2006	88%	86%	86%	87%	87%
FY 2005	85%	84%	85%	85%	85%
FY 2004	88%	88%	88%	88%	88%
FY 2003	90%	88%	89%	90%	90%
FY 2002	83%	86%	85%	86%	86%

Analysis of results and challenges: Timely benefits ensure clients have their benefits when they need them. Untimely benefits cause budget issues for clients and impact their ability to gain self-sufficiency. An issue affecting timeliness is the balance that eligibility workers must strike between timely and accurate benefit delivery.

Target #5: 90% of Medicaid applications are processed within 30 days.
Status #5: In FY08, 64% of Medicaid applications were processed within 30 days, a decline of 25% since FY06 due to changes in federal program rules that have greatly increased the complexity and processing time of Medicaid applications.

Percentage of Medicaid applications that meet federal time requirements

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FY 2008	71%	64%	60%	64%	64%
FY 2007	88%	84%	78%	78%	78%
FY 2006	89%	88%	89%	89%	89%
FY 2005	92%	91%	91%	90%	90%
FY 2004	88%	91%	91%	91%	91%
FY 2003	91%	90%	90%	90%	90%
FY 2002	89%	90%	89%	89%	89%

Analysis of results and challenges: Timely benefits ensure clients have their benefits when they need them. Untimely benefits cause budget issues for clients and impact their ability to gain self-sufficiency. An issue affecting timeliness is the balance that eligibility workers must strike between timely and accurate benefit delivery.

Recent changes in federal eligibility requirements, such as verification of citizenship, have greatly increased the complexity and processing time for each Medicaid application handled. During the first half of FY08 processing times far exceeded the 30-day standard. As a result, children have not received timely medical care, and payments to vendors and medical care providers have been delayed. The implementation of the federal Payment Error Rate Measurement (PERM) requirements further impacts processing timeframes by establishing higher expectations for program accountability and payment accuracy.

A5: Strategy - Improve accuracy of benefit delivery.

Target #1: 93% of food stamp benefits are accurate.
Status #1: In FFY07, 96.1% of food stamp benefits were accurate. This exceeded the national average of 94.7% and reflects a steady increase since FFY03.

Percentage of accurate food stamp benefits

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FFY 2008	91.1%	93.9%	0	0	0
FFY 2007	95.1%	96.3%	96.3%	96.1%	96.1%
FFY 2006	92.3%	93.5%	94.1%	94.3%	94.3%
FFY 2005	92.2%	93.2%	93.0%	93.8%	93.8%
FFY 2004	90.8%	94.2%	93.5%	93.3%	93.3%
FFY 2003	86.2%	84.7%	85.6%	86.4%	86.4%
FFY 2002	90.4%	92.4%	90.5%	89.2%	89.2%

Analysis of results and challenges: Accurate benefits ensure clients have the amount of benefits to which they are entitled. Fluctuating benefits cause budget issues for clients and impact their ability to gain self-sufficiency. The Quality Assessment Reviews evaluate payment accuracy using statistically valid sampling, case reviews, and home visits.

This is a cumulative measure based on the federal fiscal year (Oct-Sep) and it has about a two-month lag.

Target #2: 95% of temporary assistance benefits are accurate.
Status #2: The FFY07 Alaska Temporary Assistance benefit accuracy is 99%, a 5-year high.

Percentage of accurate temporary assistance benefits.

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FFY 2007	99.4%	99.3%	99.1%	98.8%	98.8%
FFY 2006	98.1%	96.3%	97.7%	96.3%	96.3%
FFY 2005	98.5%	95.9%	95.7%	97.1%	97.1%
FFY 2004	96.7%	97.5%	98.2%	98.1%	98.1%
FFY 2003	94.4%	93.6%	94.5%	93.6%	93.6%
FFY 2002	88.2%	93.7%	93.6%	92.0%	92.0%

Analysis of results and challenges: Accurate benefits ensure clients have the amount of benefits to which they are entitled. Fluctuating benefits cause budget issues for clients and impact their ability to gain self-sufficiency. The Quality Assessment Reviews evaluate payment accuracy using statistically valid sampling, case reviews, and home visits.

This is a cumulative measure based on the federal fiscal year (Oct-Sep) and it has about a two-month lag.

The Temporary Assistance accuracy reviews for FY08 were temporarily suspended due to the additional efforts needed to perform both the federally mandated Medicaid payment accuracy rate and Child Care accuracy measurements.

Target #3: 93% of Medicaid eligibility determinations are accurate.
Status #3: In FFY07, 96% of the Medicaid eligibility determinations were accurate, an increase over the last two years.

Percentage of accurate Medicaid eligibility determinations

Fiscal Year	YTD Total
FFY 2007	96%
FFY 2006	95%
FFY 2005	93%
FFY 2004	99%
FFY 2003	99%
FFY 2002	96%

Analysis of results and challenges: Accurate benefits ensure clients have the amount of benefits to which they are entitled. Fluctuating benefits cause budget issues for clients and impact their ability to gain self-sufficiency. Medicaid eligibility accuracy is compiled at the end of projects designed by the state and accepted by federal authorities.

A6: Strategy - Increase the percentage of subsidy children in licensed care.

Target #1: 76% of subsidy children are in licensed care.
Status #1: In FY08, 73% of children receiving child care assistance were in licensed care, down from 78% in FY06.

Percentage of subsidy children in licensed care

Fiscal Year	September	December	March	June	YTD Total
FY 2008	73%	72%	73%	70%	73%
FY 2007	74%	74%	76%	74%	75%
FY 2006	80%	84%	75%	72%	78%
FY 2005	74%	81%	77%	80%	77%
FY 2004	75%	76%	76%	76%	76%
FY 2003	65%	66%	68%	75%	75%
FY 2002	0	60%	58%	64%	64%

Analysis of results and challenges: The first available data regarding this measure is the second quarter in 2002. There is a two month lag in the data.

The number of working families participating in the Child Care Assistance Program has decreased over the past year. The decrease is partially attributed to State rates for child care not keeping up with the rates that child care providers charge. As state rates decline in relation to the market rate, low income families on child care assistance are faced with an increased financial burden to pay the difference between the state rate and the child care provider's rate (in addition to their required co-payment) or to choose lower priced and usually lower-quality child care. The decline in state rates in relation to the market rate has resulted in fewer families being assisted by the Child Care Assistance Program and child care providers being less able to provide care at state payment levels. State rates for licensed child care providers who accept children on child care assistance were increased effective September 2008 as an initial step to bridge that gap.

Component: Alaska Temporary Assistance Program

Contribution to Department's Mission

Provides temporary financial assistance to needy families with children for basic living expenses while the adults prepare to become self-sufficient.

Core Services

- The Alaska Temporary Assistance Program (ATAP) is funded by the federal Temporary Assistance for Needy Families (TANF) block grant and a required percentage of state expenditures, based on the amount spent in FFY94 for the aid to family with dependent children (AFDC) program in Alaska.
- The program provides assistance that is a temporary safety net to help families care for their children in their own homes by providing for the basic needs of shelter, clothing, transportation and food.
- ATAP has a strong emphasis on work. Adults in families who receive assistance are required to participate in work or activities that will help them become self-sufficient and leave the program. They receive support to help them seek, secure, and retain employment. Case management and employment-related services are provided under a "work first" approach that emphasizes quick entry into the work force. These supports and services are described in the Work Services Component.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $26,631,800

Personnel:	
Full time	0
Part time	0
Total	0

Component: Adult Public Assistance

Contribution to Department's Mission

Provides financial assistance for basic living expenses to needy elderly, blind or disabled individuals.

Core Services

- The Adult Public Assistance Program (APA) was created to supplement Social Security benefits for elderly and disabled Alaskans. The program provides the recipient with the income support and access to medical care needed to remain as independent as possible in the community.
- Each month benefits are issued to APA clients in an amount equal to the maximum supplemental payment scheduled less adjustment for any income the individual receives.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $56,370,000

Personnel:	
Full time	1
Part time	0
Total	1

Component: Child Care Benefits

Contribution to Department's Mission

Provide child care subsidies to allow low-income parents to obtain and retain employment. Ensure the safety of all children in child care facilities. Promote improvements to the quality of child care.

Core Services

- Provides child care subsidies to low-income families who need child care to work or participate in work and training activities.
- Conduct oversight of all child care facilities (centers and homes) in the state. This includes licensing and approval functions, responding to complaints about child care, and monitoring compliance with regulations.
- Promote improvements to the quality of child care through child care grants to licensed child care providers, grants to child care resource and referral agencies, quality improvement activities, and licensing activities.
- Educate parents on what to look for in child care; provide child care referrals to assist parents in finding child care.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $51,729,100

Personnel:	
Full time	36
Part time	0
Total	36

Component: General Relief Assistance

Contribution to Department's Mission

Provides a safety net for very low-income individuals who are not eligible for other state or federal assistance. General Relief Assistance is used as a last resort program to meet emergency food, clothing, shelter, and burial needs of low income Alaskans, who have no other resources available. It is the bottom tier in Alaska's welfare system.

Core Services

- General Relief Assistance primarily provides for indigent burials. A small portion is also used to meet emergency needs for food, clothing, and shelter.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,555,400

Personnel:	
Full time	0
Part time	0
Total	0

Component: Tribal Assistance Programs

Contribution to Department's Mission

Provides funding to support Native Family Assistance programs. Tribes and Alaska Native organizations are allowed to operate tribal Temporary Assistance for Needy Families (TANF) programs. State law allows the department to provide funding to Native organizations operating tribal TANF programs. These are known as Native Family Assistance programs.

Core Services

- This component provides funding for benefit payments to recipients of a federally approved tribal Temporary Assistance to Needy Families program. The amount provided is a prorated share of state funds that would otherwise be spent to serve eligible Native families through the Alaska Temporary Assistance program.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $13,372,700

Personnel:	
Full time	0
Part time	0
Total	0

Component: Senior Benefits Payment Program

Contribution to Department's Mission

The Senior Benefits program helps low-income seniors who are at least 65 years of age remain independent in the community by providing a cash benefit.

Core Services

- The Senior Benefits program provides monthly cash assistance to needy seniors. Payments are $125.00, $175.00, or $250.00 per month depending on the senior's gross annual income. Income limits are tied to Alaska's Federal Poverty Level Guidelines, which are adjusted every year.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $19,859,400

Personnel:	
Full time	6
Part time	0
Total	6

Component: Permanent Fund Dividend Hold Harmless

Contribution to Department's Mission

Protects needy elderly, disabled and low-income Alaskan families from losing public assistance and medical benefits due to receipt of a permanent fund dividend. This protection was established in law in 1982.

Core Services

- Permanent Fund Dividend Hold Harmless payments replace Alaska Temporary Assistance, Adult Public Assistance, Supplemental Security Income, and Food Stamp benefits for individuals who would lose eligibility or whose benefits would be reduced if they received a Permanent Fund Dividend.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $13,584,700

Personnel:	
Full time	0
Part time	0
Total	0

Component: Energy Assistance Program

Contribution to Department's Mission

To reduce the disproportionate burden of home heating costs on the poor and minimize the economic impact of customer bad debt on Alaska home energy suppliers.

Core Services

- Heating Assistance aids households with home heating expenses. Eligibility for heating assistance and benefit amounts are based on a point system that considers household size and income, fuel costs in the area and type of housing. Households apply once a year to receive a single heating assistance grant. Assistance is normally provided in the form of a credit with the client's home energy vendor.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $17,346,200

Personnel:	
Full time	4
Part time	12
Total	16

Component: Public Assistance Administration

Contribution to Department's Mission

Administer Public Assistance programs responsibly, accurately, and in compliance with law.

Core Services

- Direct, supervise and coordinate the activities of the division in planning and directing welfare administration.
- Develop and maintain public assistance program policy, procedure and state plans necessary for the operation of Denali Kid Care, Medicaid, Food Stamp, Adult Public Assistance, General Relief Assistance, Chronic and Acute Medical Assistance, Alaska Temporary Assistance, Child Care Assistance, Permanent Fund Dividend Hold Harmless, Senior Benefits, and Family Nutrition programs.
- Provide guidance in procurement, development and management of contracts and grants for community-based services, accounting, payroll and personnel supporting division activity.
- Research, interpret and transmit public assistance program information for use, by Public Assistance field offices, state and federal government and the public.
- Conduct thorough research and analysis of program data to complete required reports, and to provide factual support of management decisions for the division's various programs and activities.
- Develop the division's annual budget, legislative position papers, fiscal notes, briefing documents and budget materials on public assistance issues.
- Establish performance measures and monitor progress toward the agency's stated targets, competitive bonuses and goals.
- Assure that agency programs and contracted work services maintain reasonable balance of the provision of services, work quality and productivity.
- Maintain the Public Assistance claims unit for the recovery of overpayments received by public assistance recipients due to fraud, agency or client-caused payment errors.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $4,279,800

Personnel:	
Full time	29
Part time	0
Total	29

Component: Public Assistance Field Services

Contribution to Department's Mission

Promote self-sufficiency and provide basic living expenses to Alaskans in need.

Core Services

- Provides direct customer services in 17 offices statewide.
- Accepts applications, conducts interviews, determines eligibility, and authorizes timely and accurate benefits for the Food Stamp, Alaska Temporary Assistance, Medicaid, Adult Public Assistance, General Relief, Chronic and Acute Medical Assistance, Denali Kid Care, SeniorCare and Medicare Part D programs.
- Authorizes child care assistance and other work-related support service payments for recipients of the Alaska Temporary Assistance and the Food Stamp Employment and Training programs.
- Makes referrals and links Public Assistance recipients to employers, employment services, and social, health, education, and training programs/organizations.
- Collaborates with Department of Labor and Workforce Development, Division of Vocational Rehabilitation, and other agencies to integrate services in Alaska Job Centers.
- Collaborates with the Division of Senior and Disabilities Services, Social Security, and the Department of Corrections to provide services to seniors and people with disabilities.
- Develops local service initiatives to fulfill division goals and meet performance outcomes.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $36,309,400

Personnel:	
Full time	394
Part time	1
Total	395

Component: Fraud Investigation

Contribution to Department's Mission

The Fraud Control Unit (FCU) provides cost-effective detection and deterrence of public assistance applicant and recipient fraud. The unit's efforts contribute to public assistance program integrity, financial solvency and to the public's confidence in the Division of Public Assistance's overall mission.

Core Services

- The Fraud Control Unit investigates public assistance applicant and recipient fraud allegations received from the public and division staff. Cases of proven fraud result in administrative sanctions and/or criminal prosecutions. An automated system tracks progressively severe administrative disqualification penalties for clients committing welfare fraud. Fraudulently received benefit debt amounts are determined and recovered.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,838,900

Personnel:	
Full time	16
Part time	0
Total	16

Component: Quality Control

Contribution to Department's Mission

This federally-mandated Quality Control auditing unit samples and validates Medicaid, Child Care and Food Stamp program eligibility and benefit accuracy. It performs work quality audits of other state-funded public assistance programs, monitors certain required computer matching interface data, and conducts special project reviews to ensure program integrity. The unit provides the source data on several performance measurement targets.

Core Services

- Quality Assessment unit staff conducts required Child Care, Food Stamp and Medicaid program case reviews. The purpose is to gather information to determine the accuracy of the eligibility and benefit determinations. The unit also samples Alaska Temporary Assistance Program (ATAP) and Adult Public Assistance (APA) benefits to assess the effectiveness of state policies, payment accuracy, and data not available from the automated system.
- Each month, Quality Assessment (QA) staff randomly samples and thoroughly assesses the accuracy of eligibility decisions. Staff analyzes results of these reviews to determine the success in meeting the agency's mission and desired outcomes, and shares assessments regularly with agency staff. Error trends are analyzed and corrective action initiatives are implemented as needed. Staff regularly performs specialized review projects to help assess and assure work quality and program integrity.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,878,100

Personnel:	
Full time	19
Part time	0
Total	19

Component: Work Services

Contribution to Department's Mission

Supports and promotes the efforts of Temporary Assistance recipients to attain economic self-sufficiency through employment.

Core Services

- Funds contracts and grants to deliver welfare-to-work services. Services include job readiness and placement, job retention and advancement services, case management, transportation assistance and other support services for Temporary Assistance recipients.
- Assists program participants to gain paid employment at the earliest opportunity.
- Supports local initiatives to promote and support family self-sufficiency.
- Provides wage subsidies to employers who create new jobs and hire welfare recipients to fill the positions.
- Collaborates with partner agencies to help move families from welfare-to-work.
- Provides employment and training services to Food Stamp recipients.
- Develops employer-based, short-term training opportunities for in-demand occupations for welfare recipients.
- Promotes employer and community involvement in welfare-to-work efforts.
- Helps meet federal Temporary Assistance to Needy Families objectives to reduce and prevent out-of-wedlock and teen pregnancies including strategies to address education and prevention of statutory rape.
- Supports partnership with Department of Labor and Workforce Development for the delivery of welfare-to-work services.
- Monitors activities and performance of service providers to ensure program objectives and outcomes are met.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $16,040,800

Personnel:	
Full time	14
Part time	0
Total	14

Component: Women, Infants and Children

Contribution to Department's Mission

Improve the health and quality of life for pregnant women, children, and families, and decrease health care costs by furthering nutrition education, promoting access to nutritious foods and improving access to nutrition services.

Core Services

- The Women, Infants and Children's (WIC) program is 100% federally funded and provides nutrition services to pregnant, postpartum, and breastfeeding women, infants, and children up to their fifth birthday.
- Applicants are screened for health and nutritional risk, and eligible families receive nutrition education, referrals for other support services, and food warrants to purchase specific food items at state-approved WIC vendors.
- Nutrition services are also available through three additional family nutrition programs that are primarily federally funded. The WIC Farmers Market Nutrition program allows WIC participants to purchase locally grown fruits and vegetables at Farmer's Markets.
- The Commodity Supplemental Food program provides commodity food boxes to seniors, and to low income pregnant and postpartum women and children up to six years of age as an alternative to WIC.
- Senior citizens can also receive locally grown fruits, vegetables, and herbs through the Seniors Farmers Market program.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $28,598,500

Personnel:	
Full time	13
Part time	0
Total	13

Public Health Results Delivery Unit

Contribution to Department's Mission

To protect and promote the health of Alaskans.

Core Services

- Prevent and control epidemics and the spread of infectious disease.
- Prevent and control injuries.
- Prevent and control chronic disease and disabilities.
- Respond to public health emergencies, disasters and terrorist attack.
- Assure access to early preventative services and quality health care.
- Protect against environmental hazards impacting human health.
- Manage and administer public health programs and services effectively and efficiently.

End Result	Strategies to Achieve End Result
A: Outcome Statement: Healthy people in healthy communities. Target #1: Alaska's tuberculosis (TB) rate is less than 6.8/100,000 population Status #1: For 2007, Alaska had third-worst TB rate in the nation Target #2: Alaska's chlamydia rate is less than 590/100,000 population Status #2: Alaska's chlamydia rate is still on the rise up from 676 to 733 or more than 8% in 2007, and up from 657 to 676 or 2.89% in 2006 per 100,000 population. Target #3: Alaska's coronary heart disease death rate is less than 120/100,000 population Status #3: Coronary Heart Disease (CHD) rate is below the target for each year since 2004 which is 120 deaths per 100,000 population. Target #4: Alaska's overall cancer death rate is less than 162/100,000 population Status #4: Rate has declined each year since 2000 but cancer still the Number 1 killer in Alaska Target #5: Reduce Alaska's unintentional injury death rate to 50/100,000 population Status #5: Death rate caused by unintentional injuries is 52.2 per 100,000 population, above the 50/100,000 target but dropping 12% from 2002 to 2006	**A1: Reduce the risk of epidemics and the spread of infectious disease.** Target #1: 95% of persons with TB will complete adequate treatment within one year of beginning treatment Status #1: 2006 rate still below target percentage because of some difficult cases Target #2: At least 98% of chlamydia cases will be prescribed adequate treatment, as defined by CDC's STD Treatment Guidelines Status #2: In 2007, percent of Alaskans getting adequate treatment exceeded target **A2: Reduce suffering, death and disability due to chronic disease.** Target #1: Less than 17% of high school youth in Alaska smoke Status #1: 51% decline in youth smoking over 12 years, bringing 2007 prevalance rate within 1 percentage point of target **A3: Reduce suffering, death and disability due to injuries.** Target #1: Increase seatbelt use to 80% Status #1: Alaska has exceeded target since mandatory law took effect in 2006 **A4: Assure access to early preventative services and quality health care.** Target #1: More than 60% of women of childbearing age

	will report knowledge that taking folic acid during pregnancy can reduce the risk of birth defects. Status #1: In 2006, more slow progress in increasing knowledge of folic acid benefits Target #2: 100% of Alaska's licensed and certified long-term care facilities are surveyed and recertified annually Status #2: In FY2008, state consistently met licensure survey timelines **A5: Minimize loss of life and suffering from natural disasters and terrorist attack.** Target #1: 25% of the Division of Public Health (DPH) staff is trained in disaster response techniques and procedures Status #1: Target exceeded - in FY2008 one-third of all DPH staff receiving preparedness training **A6: Reduce Alaskans' exposure to environmental human health hazards.** Target #1: State lab has validated methods to test people for 100% of the important PCBs, pesticides and trace heavy metals Status #1: Target exceeded in 2007, with 75% of testing methods validated by CLIA

FY2010 Resources Allocated to Achieve Results

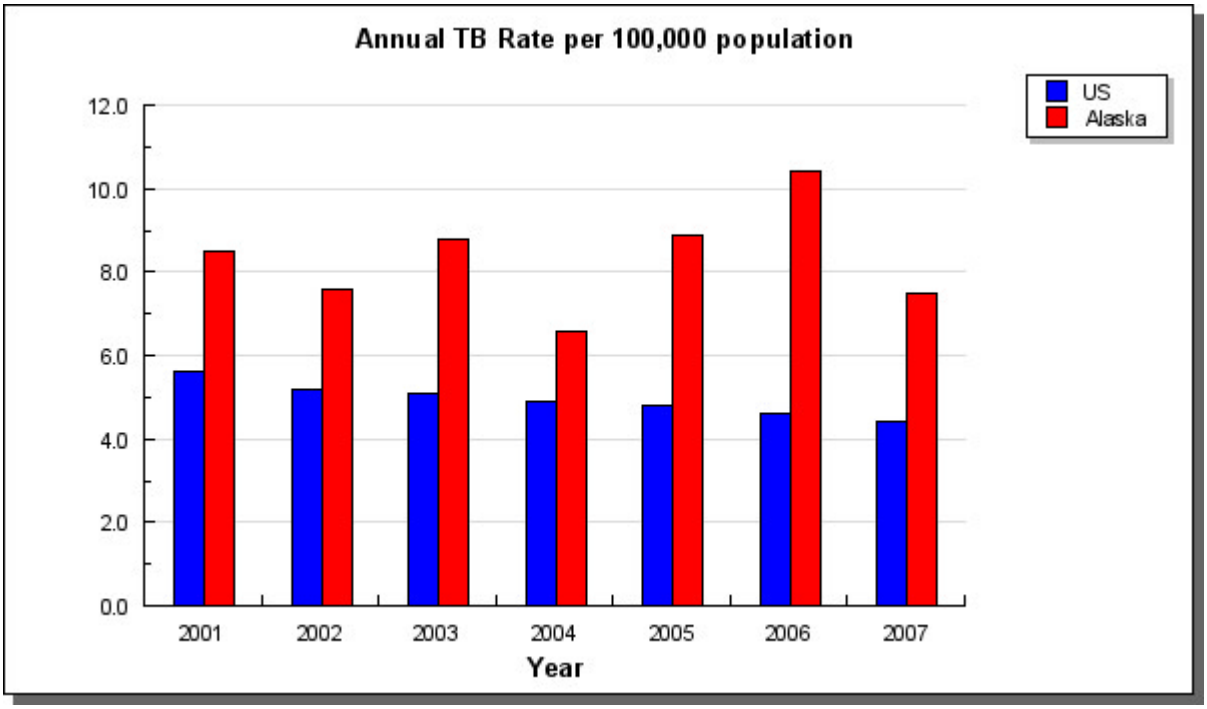
FY2010 Results Delivery Unit Budget: $98,428,100

Personnel:	
Full time	512
Part time	16
Total	528

Performance

A: Result - Outcome Statement: Healthy people in healthy communities.

Target #1: Alaska's tuberculosis (TB) rate is less than 6.8/100,000 population
Status #1: For 2007, Alaska had third-worst TB rate in the nation



Annual TB Rate per 100,000 population

Year	US	Alaska
2007	4.4 -4.35%	7.5 -27.88%
2006	4.6 -4.17%	10.4 +16.85%
2005	4.8 -2.04%	8.9 +34.85%
2004	4.9 -3.92%	6.6 -25%
2003	5.1 -1.92%	8.8 +15.79%
2002	5.2 -7.14%	7.6 -10.59%
2001	5.6	8.5

Analysis of results and challenges: Tuberculosis (TB) has been a longstanding problem in Alaska and was the cause of death for 46% of all Alaskans who died in 1946. Major efforts, utilizing 10% of the entire 1946 state budget and additional federal resources, led to one of the state's most visible public health successes - major reductions in TB. Tremendous inroads have been made to control TB in Alaska, although periodic outbreaks, usually in rural Alaska, have taxed both local and state resources. In 2000, Alaska had the highest rate of TB of any state in the country and additional funding was needed to effectively control two large outbreaks. In 2004, a multi-village outbreak involving Bethel and several surrounding Yukon-Kuskokwim villages again required additional public health resources and enhanced local response efforts. Unrelated to that outbreak, four Alaskans died with TB in 2004 because of delayed diagnosis and treatment. In 2005 and 2006 Alaska had the highest rate of TB of the 50 states. This was the result of a large outbreak among the homeless in Anchorage. For 2007, Alaska has the third-highest TB rate in the country. On an ongoing basis, even when there are no outbreaks, significant resources are needed to do the TB

case finding, diagnostic tests and treatment follow-up necessary to keep this disease in check. In addition, for every person with TB, there are, on average, 16 people who were exposed and must also be found, evaluated, and often treated as well.

Alaska's population is small, so only a few cases can dramatically affect the statewide rate. Despite the recent outbreaks, the rate of TB in Alaska began to decline again in 2007 and has shown a downward trend over the past 12 months.

Because of a high rate of latent TB infection among residents, and Alaska's location as a global crossroads that attracts travelers, seasonal workers and new families, rates of TB are expected to fluctuate and remain higher than the national average over the next generation. TB remains deeply entrenched in many regions of Alaska, while the homeless and foreign-born residents also suffer disproportionate rates of the disease.

To control the ongoing challenge of TB, the department needs a strong and multi-pronged public health team of professionals knowledgeable about current issues of TB control as well as a strong public health nursing force. Such expertise will always be necessary if the disease once called the "Scourge of Alaska" is to be controlled and eventually eliminated.

Target #2: Alaska's chlamydia rate is less than 590/100,000 population
Status #2: Alaska's chlamydia rate is still on the rise up from 676 to 733 or more than 8% in 2007, and up from 657 to 676 or 2.89% in 2006 per 100,000 population.

Chlamydia rate per 100,000 of population

Year	Alaska	U.S.
2007	733 +8.43%	N/A
2006	676 +2.89%	348 +4.5%
2005	657 +8.77%	333 +4.06%
2004	604 +0.33%	320 +5.26%
2003	602 +1.52%	304 +5.19%
2002	593 +36.95%	289 +5.09%
2001	433 +5.61%	275 +9.56%
2000	410 +35.31%	251 +1.62%
1999	303	247

Methodology: National data for 2007 available from CDC in November

Analysis of results and challenges: Sexually transmitted infections remain major causes of illness in Alaska and may cause serious health consequences. Some diseases once under control have recently reemerged, such as syphilis. As well, evolving antimicrobial resistance is rendering certain antibiotics ineffective.

Many challenges remain. More sensitive diagnostic technologies, targeted screening, and increased disease investigation activities have detected more infections, increasing the total numbers of chlamydia cases diagnosed. Rapid identification, notification, testing, and treatment of sexual contacts of individuals with chlamydia can make it possible to treat exposed individuals before they develop symptoms or further transmit infection. Conducted with sufficient intensity, these activities have been shown to reduce the reservoir of infected individuals in the population, reducing case numbers and rates over time. Expanded programmatic efforts reduced chlamydia rates in 2003-2004 but could not be sustained; rates have increased since that time.

The basic public health infrastructure for sexually transmitted disease (STD) and HIV prevention and control is in place: public health expertise for patient follow up and partner notification; high quality public health laboratory services; and capacity for epidemiologic support, data analysis, and data dissemination. Some elements of this

infrastructure, especially trained personnel to conduct partner notification services, currently require additional resources to strengthen and expand them to a level sufficient to address needs. All elements require ongoing maintenance and monitoring. Most of the financial resources currently identified to support STD prevention and control are federal and have declined over the past five years. Buying power has been eroded by increased costs of living and increased Department of Health and Social Services indirect costs. New resources are needed to expand program efforts.

Target #3: Alaska's coronary heart disease death rate is less than 120/100,000 population
Status #3: Coronary Heart Disease (CHD) rate is below the target for each year since 2004 which is 120 deaths per 100,000 population.

Coronary Heart Disease death rate per 100,000

Year	Alaska	US
2006	80.9 -10.8%	N/A
2005	90.7 -4.22%	149.8 -0.47%
2004	94.7 -25.2%	150.5 -7.61%
2003	126.6 +7.29%	162.9 -4.68%
2002	118 -13.62%	170.9 -3.88%
2001	136.6 -0.8%	177.8 -4.77%
2000	137.7 +4.71%	186.7 -4.06%
1999	131.5	194.6

Methodology: U.S. data will be updated once it is approved and released by the CDC's National Center for Health Statistics.

Analysis of results and challenges: Nationally, heart disease is the leading cause of death. An estimated 12 million men and women in the U.S. have a history of coronary heart disease, the most common form of heart disease. In 2005, more than 445,000 people died of coronary heart disease in the U.S.. Although death rates from coronary heart disease have declined since the late 1960s, the decline has slowed since 1990. The lifetime risk for developing this disease is very high in the United States. One of every two males and one of every three females aged 40 years and under will develop heart disease some time in their lives.

Heart disease is the second leading cause of death in Alaska, and cerebrovascular disease (stroke) is the fourth. Over the past decade, Alaska's age-adjusted mortality rate for coronary heart disease has continued to decline. This mirrors the national trend, although Alaska's rates fall consistently below those found in the U.S. overall. Since 2004, Alaska's coronary heart disease death rates have been below the Healthy Alaskans 2010 target, which is 120 deaths per 100,000 population.

While there is no hard data to explain the downward trend in coronary heart disease deaths, it is likely that improvements in medical care are prolonging life, even for patients with advanced heart disease. In addition, Alaskans diagnosed with heart disease sometimes move south to receive treatment; their eventual deaths are not recorded in this state.

Target #4: Alaska's overall cancer death rate is less than 162/100,000 population
Status #4: Rate has declined each year since 2000 but cancer still the Number 1 killer in Alaska

Cancer death rate per 100,000 of population

Year	Alaska	US
2006	167.8 -1.12%	N/A
2005	169.7 -7.77%	183.8 -1.08%
2004	184.0 -1.97%	185.8 -2.26%
2003	187.7 -0.9%	190.1 -1.76%
2002	189.4 -1.46%	193.5 -1.28%
2001	192.2 -8.3%	196.0 -1.8%
2000	209.6 +8.88%	199.6 -0.6%
1999	192.5	200.8

Methodology: U.S. data will be updated once it is approved and released by the CDC's National Center for Health Statistics.

Analysis of results and challenges: Cancer is a group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Anyone can develop cancer and as the risk of being diagnosed with cancer increases with age, most cases occur in adults who are middle-aged or older. In the United States, cancer accounts for one of every four deaths; half of all men and one-third of all women will develop cancer during their lifetimes.

While cancer is the second-leading cause of death in the United States, it is the leading cause of death in Alaska. Over the past ten years, the overall cancer death rate in Alaska has declined, closely mirroring the decline seen in U.S. cancer mortality rates for the same period. The Healthy Alaskans 2010 target is 162 deaths per 100,000 population.

The leading types of cancer deaths in Alaska for women are, in order, lung, breast and colorectal cancers. For men, the leading types of cancer deaths are lung, colorectal and prostate. Although some cancer risk factors are not modifiable, such as age, heredity and sex, it is estimated that up to fifty percent of all cancer deaths may be prevented through eliminating and reducing specific unhealthy behaviors. Goals around prevention, early detection and treatment are the focus of the Alaska Comprehensive Cancer Control Plan, a collaboratively-developed roadmap of how statewide partners are “Working Together for a Cancer-Free Alaska.”

Target #5: Reduce Alaska's unintentional injury death rate to 50/100,000 population
Status #5: Death rate caused by unintentional injuries is 52.2 per 100,000 population, above the 50/100,000 target but dropping 12% from 2002 to 2006

Unintentional injury death rate per 100,000 population

Year	Alaska	US
2006	52.2 +3.16%	N/A
2005	50.6 -8.17%	38.1 +4.1%
2004	55.1 -0.36%	36.6 -1.61%
2003	55.3 -6.59%	37.2 +0.81%
2002	59.2 -3.11%	36.9 +3.65%
2001	61.1 -4.38%	35.6 +2.01%
2000	63.9 +11.13%	34.9 -1.13%
1999	57.5	35.3

Methodology: U.S. data will be updated once it is approved and released by the CDC's National Center for Health Statistics.

Analysis of results and challenges: Injuries are a significant public health and social services problem because of Alaska's high prevalence, the toll on the young and the high cost in terms of resources and suffering. Alaska has one of the highest injury rates in the nation. Both the intrinsic hazards of the Alaska environment and low rates of protective behavior contribute to injuries. Unintentional injuries are the third leading cause of death in Alaska. Cancer and heart disease are the leading causes of death among the elderly, but injuries are the leading cause of death in children and young adults.

The Division of Public Health along with its many partners continues to see the benefits of actions related to injury control and prevention. The Safe Boating Act and Kids Don't Float programs are two examples of successful activities. DPH's Injury Control program will continue to partner with others and to use data analysis and prevention strategies to understand and target interventions.

A1: Strategy - Reduce the risk of epidemics and the spread of infectious disease.

Target #1: 95% of persons with TB will complete adequate treatment within one year of beginning treatment
Status #1: 2006 rate still below target percentage because of some difficult cases

% of Persons with TB Completing Treatment Regimen

Year	Annual
2007	NA*
2006	90%
2005	92%
2004	86%
2003	93%
2002	93%

*Methodology: *TB treatment requires 6-9 months for completion. 2007 completion data are still being collected.*

Analysis of results and challenges: The highest priority for TB control is to ensure that persons with the disease are diagnosed early and complete curative therapy. If treatment is not continued for a sufficient length of time, people with TB become ill and contagious again, sometimes with resistant TB the second time. However, some TB patients are difficult to locate, are uncompliant or have medical complications that don't allow them to receive full treatment within the allotted time period. Completion of therapy is essential to prevent transmission of the disease as well as to prevent the development of drug-resistant TB. The measurement of completion of therapy is an important indicator of the effectiveness of community TB control efforts.

Target #2: At least 98% of chlamydia cases will be prescribed adequate treatment, as defined by CDC's STD Treatment Guidelines
Status #2: In 2007, percent of Alaskans getting adequate treatment exceeded target

% of Chlamydia cases prescribed adequate treatment

Year	Annual
2007	99.8%
2006	97.9%
2005	99.8%
2004	99.6%
2003	99.5%

Analysis of results and challenges: Analysis of results and challenges: HIV/STD program staff follow up to assure adequate treatment is prescribed for all reported chlamydia cases. Given such follow up, the majority of cases are ultimately treated in a manner consistent with the national guidelines. Challenges include maintaining resources necessary to conduct necessary follow up and carefully monitoring disease trends to identify emerging problems.

There were a total of 4,911 reported chlamydia cases in 2007, compared to 4,528 in 2006. A small number of cases don't get adequate treatment, due primarily to individuals refusing treatment or an inability to locate them.

A2: Strategy - Reduce suffering, death and disability due to chronic disease.

Target #1: Less than 17% of high school youth in Alaska smoke
Status #1: 51% decline in youth smoking over 12 years, bringing 2007 prevalance rate within 1 percentage point of target

Prevalence of cigarette smoking in Alaska youth in past 30 days (per YRBS survey)

Year	Alaska	US
2007	17.8	20.0 -13.04%
2005	NA	23.0 +5.02%
2003	19.2	21.9 -23.16%
2001	NA	28.5 -18.1%
1999	NA	34.8

Methodology: Data is collected every other year. Alaska data not released in years when a statistically valid sample is not available. U.S. data will be reported when released by the CDC.

Analysis of results and challenges: Many Alaskans are currently at risk for developing cardiovascular disease due to such risk factors as smoking, being overweight, poor diet, sedentary lifestyle, high blood pressure and cholesterol, and lack of preventive health screening. Smokers' risk of heart attack is more than twice that of nonsmokers. Chronic exposure to environmental tobacco smoke (second-hand smoke) also increases the risk of heart disease. Cigarette smoking is also an important risk factor for stroke.

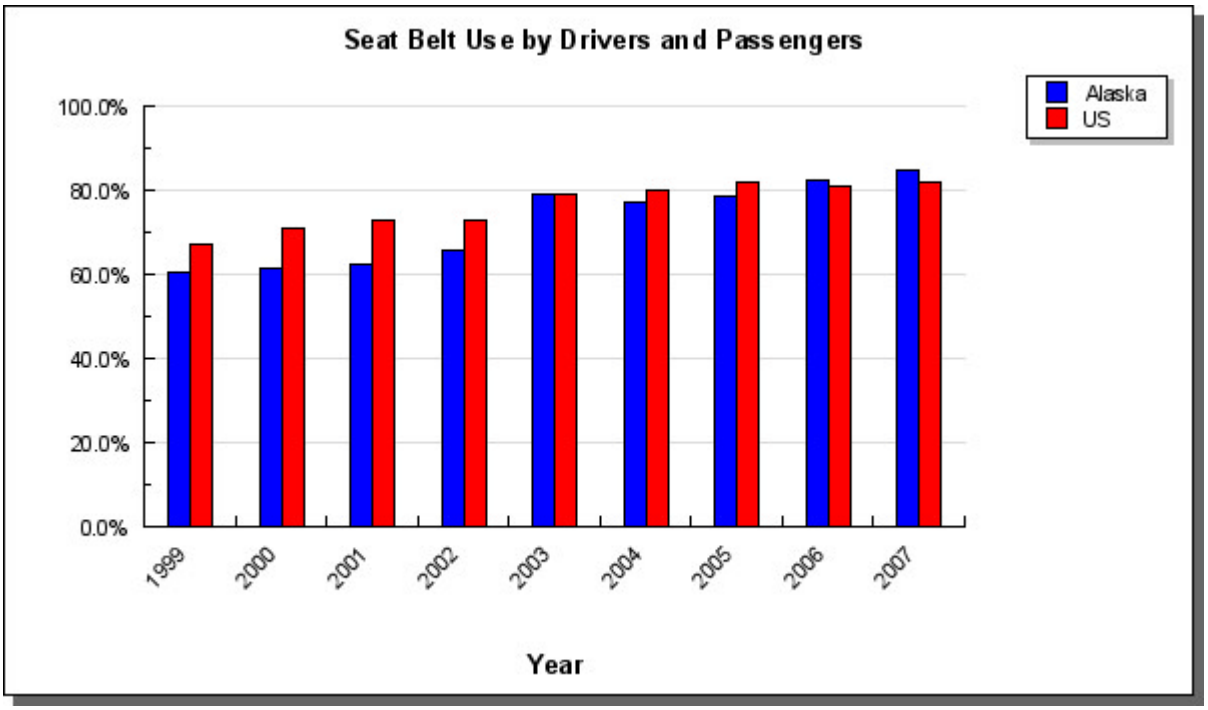
Tobacco is a leading cause of preventable disease and death in the United States. The majority of Alaska smokers (almost 80%) began smoking between the ages of 10 and 20. Alaskans have been working to decrease youth tobacco use through increasing the tax on tobacco products, education of young people, enforcement of laws restricting sales to minors, and a statewide ban on self-service tobacco displays.

In 1995, 37% of Alaska youth reported smoking at least once in the last thirty days, compared with 19.2% in 2003 and 17.8% in 2007. Data are available from the Youth Risk Behavior Survey when enough Alaska schools participate to give results that can be generalized to the high school population as a whole in the state. This was the case only in 1995, 2003 and 2007. Surveys occurred in other years; however, schools did not have enough participants to provide statewide results. It is the goal of the Division of Public Health to continue to work with schools to collect a representative sample every other year.

The Healthy Alaskans 2010 target is 17.0%.

A3: Strategy - Reduce suffering, death and disability due to injuries.

Target #1: Increase seatbelt use to 80%
Status #1: Alaska has exceeded target since mandatory law took effect in 2006



Methodology: Alaska Highway Safety Office and U.S. National Occupant Protection Use Survey (NOPUS-2007)

Seat Belt Use by Drivers and Passengers

Year	Alaska	US
2007	85.0%	82%
2006	82.4%	81%
2005	78.4%	82%
2004	77.0%	80%
2003	78.9%	79%
2002	65.8%	73%
2001	62.6%	73%
2000	61.3%	71%
1999	60.6%	67%

Analysis of results and challenges: Injuries are a significant public health and social services problem because of their prevalence, the toll of injuries on the young and the high cost in terms of resources and suffering. Alaska has one of the highest injury rates in the nation. Both the intrinsic hazards of the Alaska environment and low rates of protective behavior contribute to injuries and death. Unintentional injuries are the third leading cause of death in Alaska.

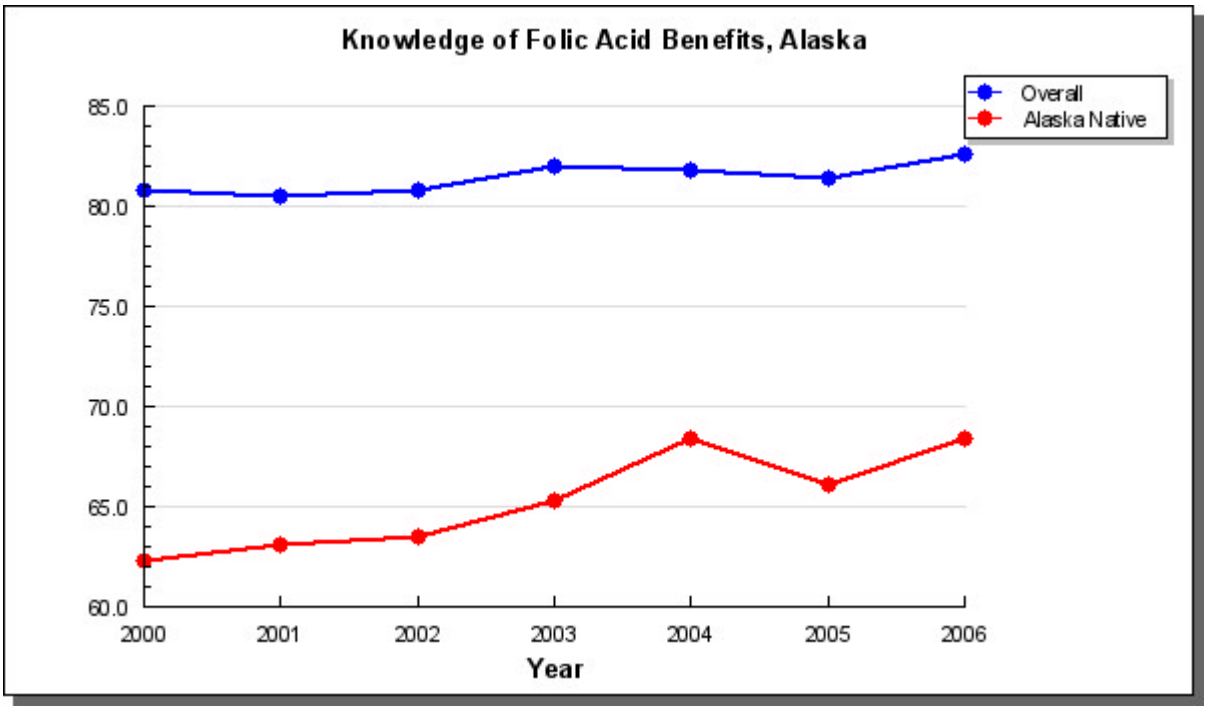
Studies have shown that a primary seatbelt enforcement law that allows police to stop and cite motorists for failing to comply with the seatbelt law is most effective in reaching a higher level of seatbelt use compliance.

Alaska's manadatory seatbelt law took effect in 2006. In addition, efforts are ongoing to increase seatbelt use through public information messages and other targeted activities.

The Healthy Alaskans 2010 target is 80 percent seatbelt usage.

A4: Strategy - Assure access to early preventative services and quality health care.

Target #1: More than 60% of women of childbearing age will report knowledge that taking folic acid during pregnancy can reduce the risk of birth defects.
Status #1: In 2006, more slow progress in increasing knowledge of folic acid benefits



Knowledge of Folic Acid Benefits, Alaska

Year	Overall	Alaska Native
2006	82.6 +1.47%	68.4 +3.48%
2005	81.4 -0.49%	66.1 -3.36%
2004	81.8 -0.24%	68.4 +4.75%
2003	82.0 +1.49%	65.3 +2.83%
2002	80.8 +0.37%	63.5 +0.63%
2001	80.5 -0.37%	63.1 +1.28%
2000	80.8	62.3

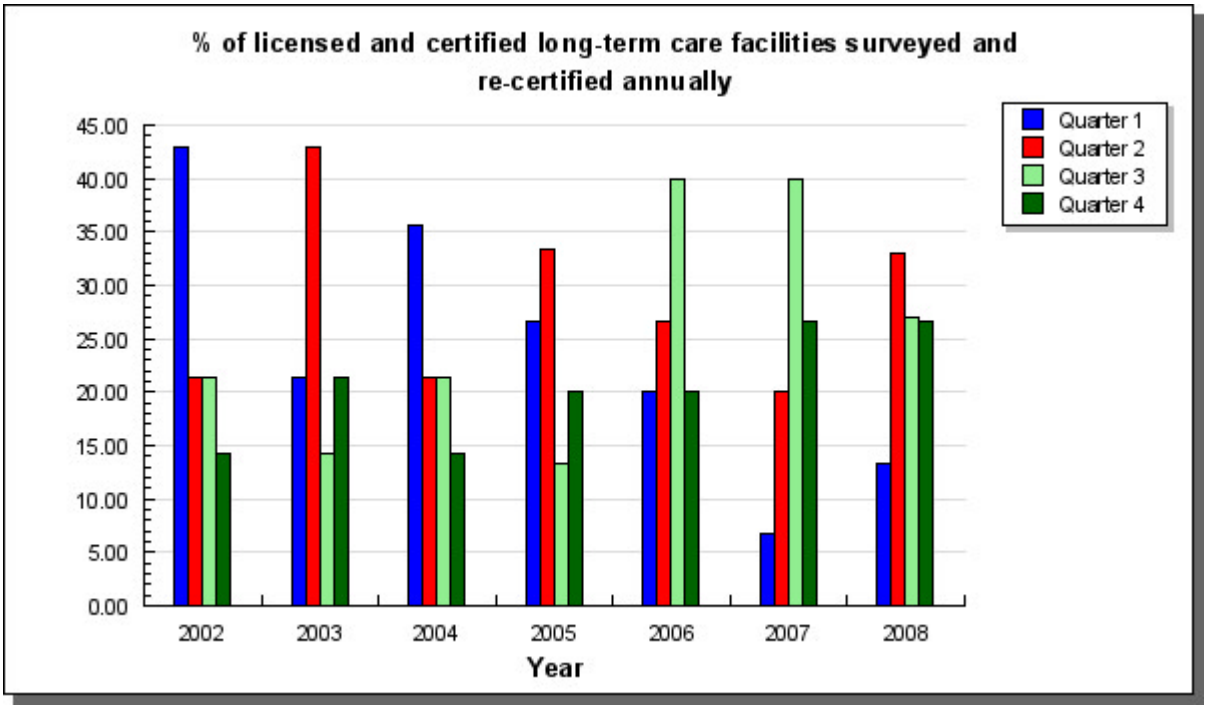
Analysis of results and challenges: Since 2000, the knowledge of folic acid benefits among Alaska mothers has remained at about the same level, around 81% to 83%.

The proportion of Alaska Native mothers who know about the benefits of folic acid steadily increased to 68.4% in 2004, fell slightly to 66.1% the following year, and then rose again to 68.4%. While the prevalence of folic acid knowledge among Alaska Native mothers of newborns was still substantially lower than overall levels, the gap in knowledge between Alaska Natives and Alaskan mothers overall appears to be closing in recent years.

For women of childbearing age, increasing folic acid use by taking multivitamins before and during pregnancy can reduce the risk of neural tube birth defects. Numerous public education campaigns have sought to increase women's knowledge of the benefits of folic acid supplementation and educate them especially about the importance of the timing (pre-pregnancy supplementation is ideal). Efforts should focus on increasing the overall knowledge prevalence

to 90% and minimizing racial disparities.

Target #2: 100% of Alaska's licensed and certified long-term care facilities are surveyed and recertified annually
Status #2: In FY2008, state consistently met licensure survey timelines



% of licensed and certified long-term care facilities surveyed and re-certified annually

Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
2008	13.33	33	27	26.67	100%
2007	6.67	20	40	26.67	93.34%
2006	20	26.7	40	20	106.7%
2005	26.67	33.33	13.33	20	93.33%
2004	35.71	21.43	21.43	14.29	92.86%
2003	21.43	42.86	14.29	21.43	100%
2002	42.86	21.43	21.43	14.29	100%

Analysis of results and challenges: The annual required schedule for nursing home licensure surveys is driven by the federal Medicare certification survey scheduling mandate. The two surveys are always conducted simultaneously. The Center for Medicare and Medicaid Services (CMS) requires that long-term care (LTC) surveys are to be completed within a 9- to 15-month period with an average not to exceed 12.9 months. The Section of Certification and Licensing has consistently met federal and state certification and licensing LTC survey percentage requirements for licensed and certified long-term care facilities within the 9- to 15-month period. The Section's scheduling is affected by significant increases or decreases in complaints or reports of harm, and by significant changes in staff resources.

A5: Strategy - Minimize loss of life and suffering from natural disasters and terrorist attack.

Target #1: 25% of the Division of Public Health (DPH) staff is trained in disaster response techniques and procedures
Status #1: Target exceeded - in FY2008 one-third of all DPH staff receiving preparedness training

 # and % of Division of Public Health staff trained in disaster preparedness

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FY 2008	177				34%
FY 2007	27	106	17	31	35%
FY 2006				144*	28%
FY 2005			70	103	27%

*Methodology: *177 Division of Public Health staff received disaster preparedness training in FY2008. Quarterly numbers were not available.*

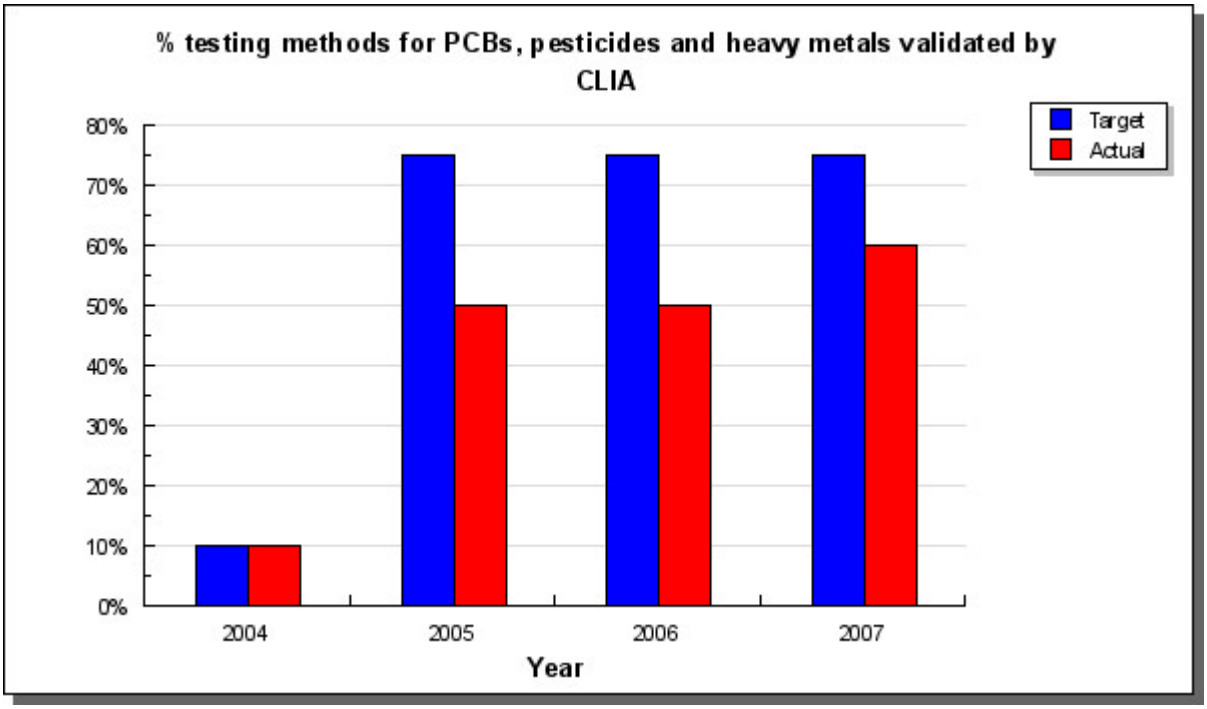
Analysis of results and challenges: Disaster response training for Division of Public Health (DPH) staff is enabling DPH to carry out its role in disaster response operations. Training is the critical link between planning and action, and permits all concerned to maintain a common knowledge base.

The FY08 percentage reflects the following: 520 total DPH positions, with an estimated 177 individuals receiving disaster preparedness training, a total of 34 percent trained. This meets the division goal of 25 percent annually. However, when only filled positions are considered (approximately 425), then the total of DPH-trained staff for FY08 to date increases to 42 percent. New tracking software should come online soon.

A6: Strategy - Reduce Alaskans' exposure to environmental human health hazards.

Target #1: State lab has validated methods to test people for 100% of the important PCBs, pesticides and trace heavy metals

Status #1: Target exceeded in 2007, with 75% of testing methods validated by CLIA



% testing methods for PCBs, pesticides and heavy metals validated by CLIA

Year	Target	Actual
2007	75%	60%
2006	75%	50%
2005	75%	50%
2004	10%	10%

Analysis of results and challenges: PCBs, pesticides and trace heavy metals can affect human health, especially that of the developing fetus. The chief concern in Alaska centers on the presence of contaminants in traditional

foods. Generally these foods are very nutritious and offer a number of health benefits. This testing measures human exposure to contaminants and verifies the safety of traditional foods. For years, the federal government, through the Clinical Laboratory Improvement Amendments (CLIA) process, has certified the state lab. However, no chemical testing (for PCBs, etc.) was offered at the lab until 2004. Now the lab conducts CLIA-certified testing of inorganics, and some testing for Persistent Organic Pollutants (POPs) is underway.

Component: Injury Prevention/Emergency Medical Services

Contribution to Department's Mission

The department's mission is to promote and protect the health and well being of Alaskans. In support of this mission, Injury Prevention and Emergency Medical Services (IPEMS) provides services to reduce both the human suffering and economic loss to society resulting from premature death and disability due to injuries and interpersonal violence, and assures access to community-based emergency medical services.

Core Services

- Plan, implement and maintain a statewide injury surveillance and prevention program.
- Collect and analyze data regarding access to emergency medical and illness/injury/hazard exposure prevention services.
- Enhance organizational capacity to apply current public health knowledge and skills to promote the health of the state, protect against terrorism and advance preparedness during natural and man-made disasters.
- Develop, enhance and maintain a statewide emergency medical services and trauma care system.
- Assess training needs of the public health and emergency medical services workforce, and implement appropriate educational opportunities.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $4,096,500

Personnel:	
Full time	22
Part time	0
Total	22

Component: Nursing

Contribution to Department's Mission

The department’s mission is to promote and protect the health and well being of Alaskans. The Nursing component contributes to this mission through delivery of population-based services that prevent and control adverse health events. Nursing works in partnership with individuals, communities, and systems to improve the health of the Alaska population in a manner that promotes self-reliance, dignity, and cultural integrity. This component provides the frontline public health workforce in Alaska communities. Nursing delivers clinical and community-based services to prevent and protect against infectious and chronic diseases. Healthy behaviors are promoted through community education and activity programs. Public health nurses also collaborate with community partners to conduct comprehensive community health assessments, identify and prioritize public health concerns, and mobilize stakeholder groups to design and implement action plans addressing these community health threats. The presence of professional public health nurses at the local level assures timely intervention in addressing critical public health needs. In addition, public health nurses are on the front lines in public health emergency preparedness and response mobilization and contribute focused surge capacity to respond to infectious disease outbreaks.

Core Services

- Provide public health services when local governments don't have the necessary health powers to serve as local public health authorities.
- Provide services in public health centers and offices in 22 communities and use itinerant public health nurses to serve approximately 250 communities and villages. In addition, grantees in four areas of Alaska – Norton Sound, Kotzebue, the North Slope Borough, and the Municipality of Anchorage – are supported through grant funding and technical assistance to assure that public health nursing services are available statewide.
- Prevent and control infectious diseases such as tuberculosis (TB), hepatitis, HIV, sexually transmitted diseases, and food, water, and vector-borne diseases and are on the front lines for emergency preparedness and response mobilization. Link people to needed personal health services and offer preventive health care that is otherwise unavailable.
- Immunization of children and adults against vaccine preventable diseases, and collaborating with other health care providers and community partners in vaccination efforts.
- Screening, testing, and specimen collection to identify infectious diseases; infectious disease contact investigation, tracing and notification; education, counseling and outreach; and treatment and follow-up (including medication and Directly Observed Therapy [DOT] for TB).
- Coordinate and participate in community preparedness training and exercises, with a special focus on the public health response to human health hazards associated with natural disasters and new and emerging disease threats such as SARS or pandemic flu.
- Respond to disasters at the community level to ensure that public health threats are identified and addressed.
- Conduct child health outreach and referral; offer well child exams where other providers are not available to meet the need.
- Refer to and collaborate with programs that serve children and families such as the Women, Infant and Children (WIC) nutrition program and the Infant Learning Program.
- Conduct outreach and provide home visits to support at-risk newborns and their families.
- Report all known or suspected events of child abuse and work with child protection services and foster parents to provide consultation on health related concerns for medically fragile children.
- Offer reproductive heath education and provide reproductive health clinical services to populations without access to other providers.
- Serve as expert consultants to local school wellness and health curriculum committees.
- Educate families and communities about how to reduce or eliminate exposures to real or potential environmental hazards and toxins, especially for vulnerable populations such as children or those with chronic diseases.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $25,708,900

Personnel:	
Full time	191
Part time	11
Total	202

Component: Women, Children and Family Health

Contribution to Department's Mission

The department's mission is to promote and protect the health and well being of Alaskans. The Women, Children and Family Health (WCFH) component contributes by promoting optimum health outcomes for all Alaskan women, children and their families by providing leadership and coordination among primary health care providers and public entities within the state's health care systems to develop infrastructure and access to health services; delivering preventative, rehabilitative and educational services targeting women, children and families; and conducting epidemiological surveillance and data analysis to contribute to policy and program changes that improve outcomes.

Core Services

- Serve pregnant women and infants; women across the lifespan; children and adolescents; and children with special health care needs.
- Services for Breast and Cervical Health Check (BCHC); the Family Planning Reproductive Health Partnership
- Perinatal Health and Adolescent Health
- Services for Oral Health for Children and Adults; Newborn Metabolic Screening; the Early Hearing Detection, Treatment and Intervention Program (Newborn Hearing Screening); the Pediatric Specialty Clinics; the Genetics and Metabolic Clinics and the Autism and Neurodevelopmental Program
- Pregnancy Risk Assessment and Monitoring Program (PRAMS); the Childhood Understanding Behaviors Survey (CUBs); the Maternal and Infant Mortality Review Committee; the Alaska Birth Defects Registry; the Fetal Alcohol and Surveillance; the Child Maltreatment Surveillance Program; the Maternal-Child Health Indicators and the State Systems Development Initiative
- Infrastructure-building activities, such as needs assessment; evaluation; surveillance and data analysis; planning; policy development; quality assurance monitoring; training and applied research.
- Population-building activities, such as newborn metabolic and hearing screening; smoking cessation; immunizations; sudden infant death counseling; shaken baby prevention; oral health; injury prevention; nutrition; outreach and public education.
- Enabling activities, such as translation services; outreach and health education; family support and navigation services; purchase of health insurance; case management and coordination with Medicaid; and collaboration with the Women, Infants and Children program (WIC) and early intervention services.
- Direct health service activities, such as genetics and newborn metabolic clinics; specialty clinics such as neurology, neurodevelopmental and cleft lip and palate clinics; family planning services; and breast and cervical cancer screening services.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $10,179,300

Personnel:	
Full time	43
Part time	1
Total	44

Component: Public Health Administrative Services

Contribution to Department's Mission

The department's mission is to promote and protect the health and well being of Alaskans. The Division of Public Health (DPH) contributes to this mission through delivery of population-based services that prevent and control adverse health events. The Public Health Administrative Services component provides the management and leadership needed to ensure the efficient and effective operation of the division.

Core Services

- Set policy and provide overall division guidance and management support.
- Promote policy discussion and management decisions through coordination and oversight of the Division of Public Health Executive Leadership Team.
- Perform legislative liaison activities, support health service planning and development work and overall assessment and evaluation activities to support the work of the division.
- Ensure all work of the division is carried out in a collaborative manner with other divisions within the department, with other state agencies, with tribal and other Native health organizations and the private and non-profit health sectors.
- Continue to promote disaster preparedness and response as an essential part of the overall public health culture.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $3,787,900

Personnel:	
Full time	30
Part time	0
Total	30

Component: Preparedness Program

Contribution to Department's Mission

The mission of the department is to promote and protect the health and well being of Alaskans. The Preparedness and Response Program contributes by focusing primarily on coordination and management of public health and emergency medical disaster preparedness activities such as planning, training, exercises and resource development. Preparedness Program staff also comprises the core element of the DHSS disaster response team. This program provides expertise and funding for public health and emergency medical disaster preparedness to the Municipality of Anchorage, Alaska Native Tribal Health Consortium, all Alaska hospitals, nursing homes and primary care clinics.

Core Services

- Provide leadership, management and administration of the Public Health Preparedness for Bioterrorism and Public Health Emergencies program.
- Develop and maintain the State Public Health Emergency Operations Plan, a vital component of the all-hazard State Emergency Response Plan.
- Develop and maintain critical component annexes to the Public Health Emergency Operations Plan to include: Emergency Operations Center, Emergency Public Information and Risk Communication, Biologic Incident Response, Chemical Incident Response, Mass Casualty, Mass Fatality, Pandemic Influenza Response, Strategic National Stockpile Receipt and Distribution.
- Conduct emergency planning and response training and exercises for department staff, healthcare facilities and other partner agencies, community and tribal leaders, local emergency management officials and first responders, critical infrastructure providers, and private, non-profit and federal agencies.
- Develop and conduct a community outreach visit program that provides seminars, workshops, classroom training, exercises and resource development to communities across the state using interagency teams of Alaskan subject matter experts.
- Prepare and distribute public education and outreach materials via the mass media, public gatherings, partner agencies and other venues statewide to educate the general public on personal and family emergency preparedness and response activities.
- Assist Alaskan communities and partner agencies with their emergency response plan development.
- Administer the annual federal Preparedness Cooperative Agreement grants from the Centers for Disease Control and the Department of Health and Human Services Assistant Secretary for Preparedness and Response to include application, progress reports, and distribution of funds.
- Coordinate the application, reporting and financial management of the program's sub-grantees for the federal grant. Sub-grantees include the Municipality of Anchorage Department of Health and Human Services, Alaska Native Tribal Health Consortium and the Alaska State Hospital and Nursing Home Association. Funds are also provided through Reimbursable Services Agreements to the University of Alaska and the Alaska Department of Environmental Conservation.
- Establish disaster preparedness and response as an essential part of the overall public health culture.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $4,500,800

Personnel:	
Full time	0
Part time	0
Total	0

Component: Certification and Licensing

Contribution to Department's Mission

The department’s mission is to promote and protect the health and well being of Alaskans. Certification and Licensing contributes to this by protecting the health and safety of Alaska's most vulnerable citizens and reducing their risk of exploitation. The section also ensures public confidence in the health care and community service delivery systems through regulatory, enforcement and educational activities. This includes licensure of assisted living and child residential facilities and providers and investigating complaints. Background checks contribute to the health and safety of vulnerable children and adults in long-term care facilities, programs and other licensed and certified activities regulated by the department.

Core Services

- The section is composed of two programs, the Assisted Living Homes, and the Background Check program.
- The section conducts licensure and certification activities for all assisted living homes and is accountable for background check processing for all licensed and certified programs under the authority of the department.
- The Certification program coordinates the Medicare and Medicaid certification process under agreements between the state and Centers for Medicare and Medicaid Services (CMS).

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $5,404,700

Personnel:	
Full time	31
Part time	0
Total	31

Component: Chronic Disease Prevention and Health Promotion

Contribution to Department's Mission

The department's mission is to promote and protect the health and well being of Alaskans. The Chronic Disease Prevention and Health Promotion component contributes to this mission by working to reduce the health, social and economic impacts of chronic disease by:

- Monitoring behavioral risk factors and chronic diseases through the collection, interpretation, and dissemination of surveillance data;
- Educating the public and health professionals;
- Collaborating with communities and other partners in the planning, implementation and evaluation of evidence-based strategies and interventions;
- Advocating for the prevention and control of chronic diseases; and
- Promoting healthy lifestyles.

Core Services

- Provide technical expertise related to chronic diseases, such as diabetes, cancer, arthritis, obesity, heart disease and stroke.
- Work with communities to assess the burden of chronic diseases and their associated risk factors and develop intervention activities to prevent and control chronic disease.
- Provide technical expertise in areas of community health promotion, tobacco prevention and control, promotion of physical activity and healthy nutrition, and evaluation and social marketing.
- Provide health promotion and health education information to communities, families and individuals.
- Maintain data systems to support surveillance, to provide an accurate picture of the health status of Alaskans, and enable improved evaluation of program activities related to chronic disease and its associated risk factors. These data systems include the Cancer Registry System, the Behavioral Risk Factor Surveillance System and the Health Survey Lab.
- Provide leadership to promote the integration of chronic disease and risk factor programs to more effectively and efficiently address chronic disease and health promotion in Alaska.
- Build diverse partnerships internally and externally to address chronic diseases and their associated risk factors.
- Provide technical expertise related to school health education and the Youth Risk Behavior Survey.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $9,086,300

Personnel:	
Full time	44
Part time	4
Total	48

Component: Epidemiology

Contribution to Department's Mission

The department's mission is to promote and protect the health and well being of Alaskans. The Epidemiology component contributes to this mission by preventing and controlling disease outbreaks; providing surveillance, epidemic response and investigation through defining causal factors; identifying and directing control measures; and providing a basis for policy development, program planning and evaluation.

Core Services

- Provide medical, epidemiological and toxicological expertise for disease control and epidemic response, both for naturally occurring events and for biological, chemical or radiological terrorism.
- Provide around-the-clock epidemiology response capacity for disease outbreak investigations, medical consultation, and response to public health emergencies.
- Gather, maintain and analyze data to conduct disease surveillance, provide an accurate picture of the health status of Alaskans, and enable improved evaluation of program activities.
- Assure adequacy of immunization outreach and access to vaccinations so that all Alaska children are protected against vaccine-preventable diseases and in compliance with daycare and school immunization requirements.
- Provide trained public health professional services for partner notification and contact identification, education, diagnosis, treatment, and monitoring for tuberculosis, HIV, sexually transmitted disease (STD), and other specific infectious diseases of public health importance.
- Maintain a system of direct disease reporting from health care providers and laboratories to the Epidemiology Component to monitor the population for health threats.
- Develop public health guidelines for consumption of subsistence foods to reduce the risks related to environmental contaminants such as lead, arsenic, asbestos, and other toxins and heavy metals.
- Provide appropriate treatment and case management for all persons diagnosed with tuberculosis. Assure a complete contact investigation for each person with infectious tuberculosis.
- Assess and control chemical exposures of importance to public health.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $10,799,000

Personnel:	
Full time	56
Part time	0
Total	56

Component: Bureau of Vital Statistics

Contribution to Department's Mission

The department’s mission is to promote and protect the health and well-being of Alaskans. The Bureau of Vital Statistics (BVS) contributes to this mission through the registration and safeguarding of vital events records for Alaska. The bureau also publishes annual reports of vital events, produces newsletters, develops web-based reports of public health indicators, and conducts research to provide comprehensive population-based health data to support the evaluation of health outcomes and services. Public Health utilizes data from these reports to monitor and assess the health status of Alaskans.

Core Services

- The Bureau of Vital Statistics is responsible for registering and safeguarding all vital events in Alaska. To ensure that vital records are registered timely and accurately, the bureau manages a statewide training program for local registrars, hospital staff, funeral directors, and court clerks to provide guidance in the use of the BVS information system and the registration of vital events.
- The bureau continually monitors the data quality of each vital record submitted to ensure that the information contained in each record accurately reflects the facts surrounding the vital event.
- Vital records data plays an important role in assessing the health of Alaskans, by providing population-level data on patterns and trends in the health status of Alaskans ranging from prenatal care and pregnancy outcomes to differences in mortality rates among various ethnic groups in Alaska.
- The bureau provides the public with certified copies of vital events as needed for establishing legal identity, applying for driver’s licenses or passports, or documenting dependents for health or retirement benefits.
- The bureau produces an annual report of vital events in Alaska, including data on births, fetal and infant deaths, adoptions, marriages and divorces, induced terminations of pregnancy, and deaths. The purpose of this report is to provide reference material and indicators for health and vital events in Alaska.
- The bureau also produces and distributes other statistical reports and information, primarily through a web-based system, to provide population-based health data to support the evaluation of health outcomes and services.
- The bureau continues to work with the Alaska Children’s Trust by providing Alaskans the opportunity to obtain Heirloom Birth and Marriage Certificates. These heirloom certificates cost an additional $25 and $35, respectively; however these additional fees are dedicated to the Children's Trust, which works to prevent child abuse and neglect.
- BVS also maintains the state's Medical Marijuana Registry.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $2,679,200

Personnel:	
Full time	29
Part time	0
Total	29

Component: Community Health Grants

Contribution to Department's Mission

The department's mission is to promote and protect the well being of Alaskans. In support of this mission, the Community Health Grants component provides financial assistance to non-profit organizations and local government entities for the support of community-based health programs.

Core Services

- Provide grant funds, as well as guidance and technical assistance, to grantees for training and supervision of community health aides in rural areas of the state.
- Provide grant funds, as well as guidance and technical assistance, for community-based agencies to develop health promotion and education activities.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $3,587,700

Personnel:	
Full time	0
Part time	0
Total	0

Component: Emergency Medical Services Grants

Contribution to Department's Mission

The department's mission is to promote and protect the health and well being of Alaskans. In support of this mission, the Emergency Medical Services (EMS) Grants component provides financial assistance to regional emergency medical services agencies for the planning, development, and coordination of regional EMS systems and the direct training and certification testing of emergency medical personnel, ground and air medical services, and hospital trauma centers.

Core Services

- Issue grant funding to regional Emergency Medical Services entities for training and certification of EMS providers and organizations.
- Provide testing for EMS providers and the general public.
- Provide guidance and technical assistance to local and regional EMS entities.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $2,329,500

Personnel:	
Full time	0
Part time	0
Total	0

Component: State Medical Examiner

Contribution to Department's Mission

The department's mission is to promote and protect the health and well being of Alaskans. In support of this mission, the State Medical Examiner's Office (SMEO) provides a statewide system for the medical-legal investigation of unanticipated, sudden and violent deaths in order to provide accurate, legally defensible determinations of the cause of death, information to ensure appropriate follow-up on all child deaths in the state, and surveillance to detect new or unexpected infectious diseases.

Core Services

- As required by law, investigate and certify all deaths that occur within the state of Alaska that are a result of violence, suspected violence, deaths due to accidental causes, deaths that occur during incarceration, deaths that are associated with conditions that pose a hazard to public safety or health, and all unattended or unexplained deaths.
- The central facility in Anchorage provides postmortem examinations appropriate for each case referred and includes access to state-of-the-art forensic medical services, including forensic pathology and radiology, odontology, anthropology, and the services of Public Health Laboratories and the Department of Public Safety Crime Detection Laboratory.
- For deaths that are investigated, establish identification of the deceased, if necessary; maintain records and evidence, and provide legally defensible determinations of the cause and manner of death. Present findings of the investigation to courts, law enforcement agencies, and other parties with legitimate interests in the death.
- Examine living persons to collect evidence as a result of previous injuries, and provide expert testimony in these cases.
- Participate in training personnel involved in death investigations, including forensic medico-legal investigators, local physicians, state and local police, village public safety officers and other authorities.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $2,244,400

Personnel:	
Full time	17
Part time	0
Total	17

Component: Public Health Laboratories

Contribution to Department's Mission

The department's mission is to promote and protect the health and well being of Alaskans. In support of this mission the Laboratories component provides timely, accurate, science-based and validated analysis of human, environmental, and forensic samples. These analytical results are used to: 1) treat and control communicable diseases; 2) monitor human exposure to toxic substances; 3) assess the safety and efficacy of ionizing radiation-producing equipment and procedures; 4) assist in the determination of cause of death or morbidity; and 5) identify intentional and accidental release of biological, nuclear, incendiary, chemical and explosive hazards. Additionally, the Laboratories component actively collaborates with academic research and clinicians on matters of public health significance.

Core Services

- Conduct laboratory tests as requested and appropriate and conduct laboratory disease diagnoses to monitor the population for the occurrence of communicable diseases so that early intervention and control can take place.
- Generate data to evaluate and identify which disease control measures are most effective.
- Generate data for disease prevalence, incidence and trend analyses.
- Provide expert technical information regarding infectious disease, forensic toxicology, biomonitoring, adverse chemical exposures, and radiological safety to the Alaskan health care community.
- In cooperation with the Center for Disease Control and Prevention, provide continuing education to laboratory professionals in Alaska.
- Provide quality assurance, materials, procedures, and bench training to health clinic and hospital laboratory professionals throughout Alaska to assist in improving their skill and accuracy.
- Register, monitor and inspect sources of ionizing radiation.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $6,610,600

Personnel:	
Full time	49
Part time	0
Total	49

Component: Tobacco Prevention and Control

Contribution to Department's Mission

The mission of the department is to promote and protect the health and well being of Alaskans. In support of this mission the Tobacco Prevention and Control component provides funding and services to decrease death, disability and the economic burden caused by tobacco use and exposure to secondhand smoke.

Core Services

- The component provides funding and technical assistance for community-based programs, tobacco use cessation programs, counter-marketing, evaluation and surveillance, and tobacco-free partnership projects. The purpose of these services is to:
- Eliminate exposure to secondhand smoke;
- Prevent initiation of tobacco use among youth;
- Promote cessation for adults and youth; and
- Identify and eliminate tobacco-use related disparities.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $7,413,300

Personnel:	
Full time	0
Part time	0
Total	0

Senior and Disabilities Services Results Delivery Unit

Contribution to Department's Mission

The mission of the Division of Senior and Disabilities Services is to promote the independence of Alaskan seniors and persons with physical and developmental disabilities.

Core Services

- Institutional and community based services for older Alaskans and persons with disabilities.
- Protection of vulnerable adults

End Result	Strategies to Achieve End Result
A: Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services. Target #1: Reduce % of Medicaid recipients not receiving medical assessments to less than 5%. Status #1: SDS is currently assessing approximately 95.5% of applicants for Medicaid services. There is a small percentage of applicants for CCMC Waiver Services that can not be easily assessed with a standard assessment tool. These applicants make up the majority of the 4.5% of recipients not being assessed on the chart below.	**A1: Arrange for beneficiaries to receive a medical assessment to determine what services they are eligible for and at what level. Through prior authorization process, ensure beneficiaries only receive the services they are eligible to receive.**
End Result	**Strategies to Achieve End Result**
B: Promote improved service and compliance with federal/state regulations through provider agencies. Target #1: Reduce incidence and severity of errors resulting in audit findings by 10% by providing adequate training to provider agencies. Status #1: Current Medicaid payment error rates are less than 10% each year from FY05-FY07. However, SDS is not hitting the target goal of a 10% reduction in error rate from each period year's rate; in fact, error rates have increased. SDS will work towards more provider agency training.	**B1: Develop, implement and maintain an on-going system of review and improvement through Technical Assistance Plans for each grantee and provider agency. Provide eight care coordination training sessions each year in Alaskan communities.**
End Result	**Strategies to Achieve End Result**
C: Ensure manageable caseload number in Adult Protective Services (APS) and Quality Assurance Units to provide timely investigations. Target #1: Reduce APS staff assigned case loads by 10%. Status #1: The National Adult Protective Services	

Association recommends an average case load of 25 cases per worker. The national average is approximately 35 cases per worker. SDS Adult Protective Services staff carry case loads of approximately 78 cases per case investigator, more than 3 times the recommended national average. Target #2: Reduce length of time a case is open by 10%. Status #2: Adult Protective Services case investigators have ten days to investigate a report of harm, abuse and/or neglect. The highest average number of days it takes to investigate a new case is 2.6 days.	

FY2010 Resources Allocated to Achieve Results

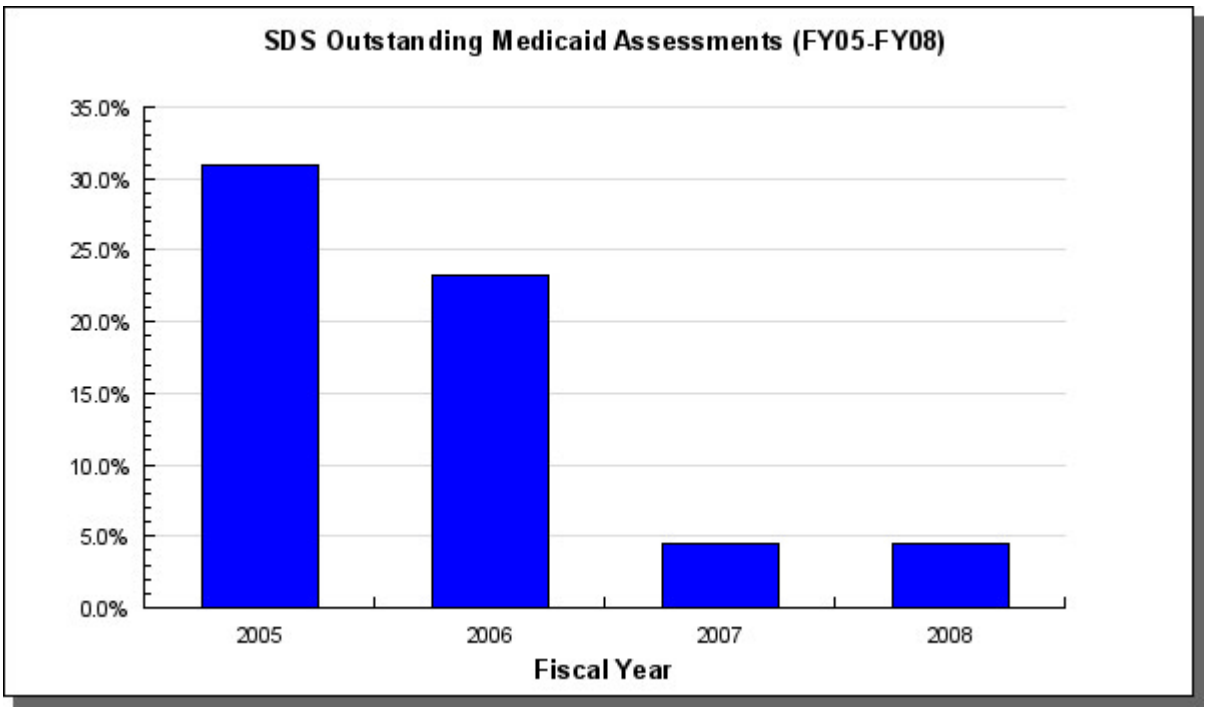
FY2010 Results Delivery Unit Budget: $412,611,200

Personnel:	
Full time	124
Part time	1
Total	125

Performance

A: Result - Improve and enhance the quality of life for seniors and persons with disabilities through cost-effective delivery of services.

Target #1: Reduce % of Medicaid recipients not receiving medical assessments to less than 5%.
Status #1: SDS is currently assessing approximately 95.5% of applicants for Medicaid services. There is a small percentage of applicants for CCMC Waiver Services that can not be easily assessed with a standard assessment tool. These applicants make up the majority of the 4.5% of recipients not being assessed on the chart below.



Methodology: This chart shows the percentage of Senior and Disabilities Services Medicaid recipients that have not been assessed using a standardized assessment tool by an objective assessor from FY05-FY08.

SDS Outstanding Medicaid Assessments (FY05-FY08)

Fiscal Year	% Not Reviewed
FY 2008	4.5%
FY 2007	4.5%
FY 2006	23.18%
FY 2005	30.9%

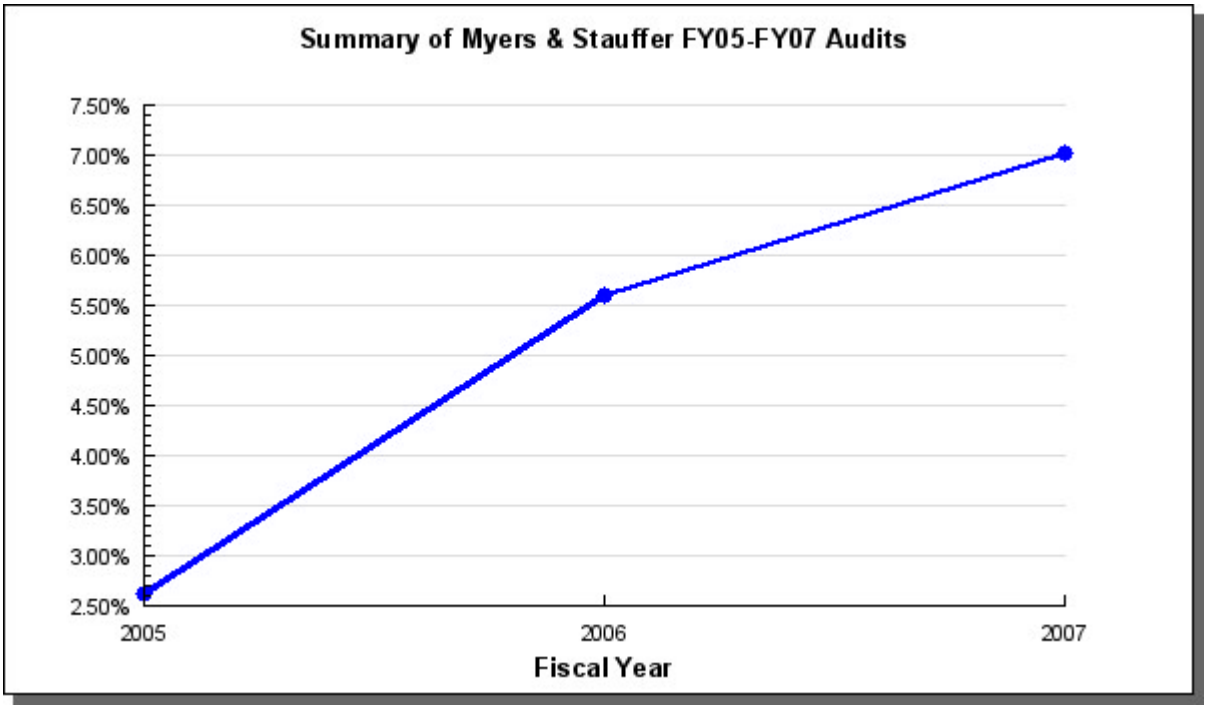
Analysis of results and challenges: The Personal Care Attendant (PCA) program was the only Medicaid program that did not require a state-approved medical assessment to receive services until implementation of new regulations in April of 2006. These new regulations began requiring a state-approved medical assessment and prior authorization of Medicaid benefits to ensure that beneficiaries are only receiving the services they are eligible to receive. This table shows the percentage of outstanding Medicaid assessments from FY2005-2008. Senior and Disabilities Services (SDS) has worked hard to catch up on back-logged Medicaid Waiver assessments through a contractor, state staff authorized to perform assessments and through agencies with staff on-site that have the appropriate credentials to complete assessments. In spite of these efforts, there were too many pending assessments required when new regulations went into effect in April of 2006 for the Personal Care Attendant program. SDS has dramatically decreased the assessment back-log but will not be caught up until all recipients receiving PCA services have been assessed. SDS is working hard to get all assessments completed within 30 days of assignment to an assessor.

A1: Strategy - Arrange for beneficiaries to receive a medical assessment to determine what services they are eligible for and at what level. Through prior authorization process, ensure beneficiaries only receive the services they are eligible to receive.

B: Result - Promote improved service and compliance with federal/state regulations through provider agencies.

Target #1: Reduce incidence and severity of errors resulting in audit findings by 10% by providing adequate training to provider agencies.

Status #1: Current Medicaid payment error rates are less than 10% each year from FY05-FY07. However, SDS is not hitting the target goal of a 10% reduction in error rate from each period year's rate; in fact, error rates have increased. SDS will work towards more provider agency training.



Methodology: Myers & Stauffer presents their audit findings in the early spring each year. FY08 error rate updates should be out at that time.

Summary of Myers & Stauffer FY05-FY07 Audits

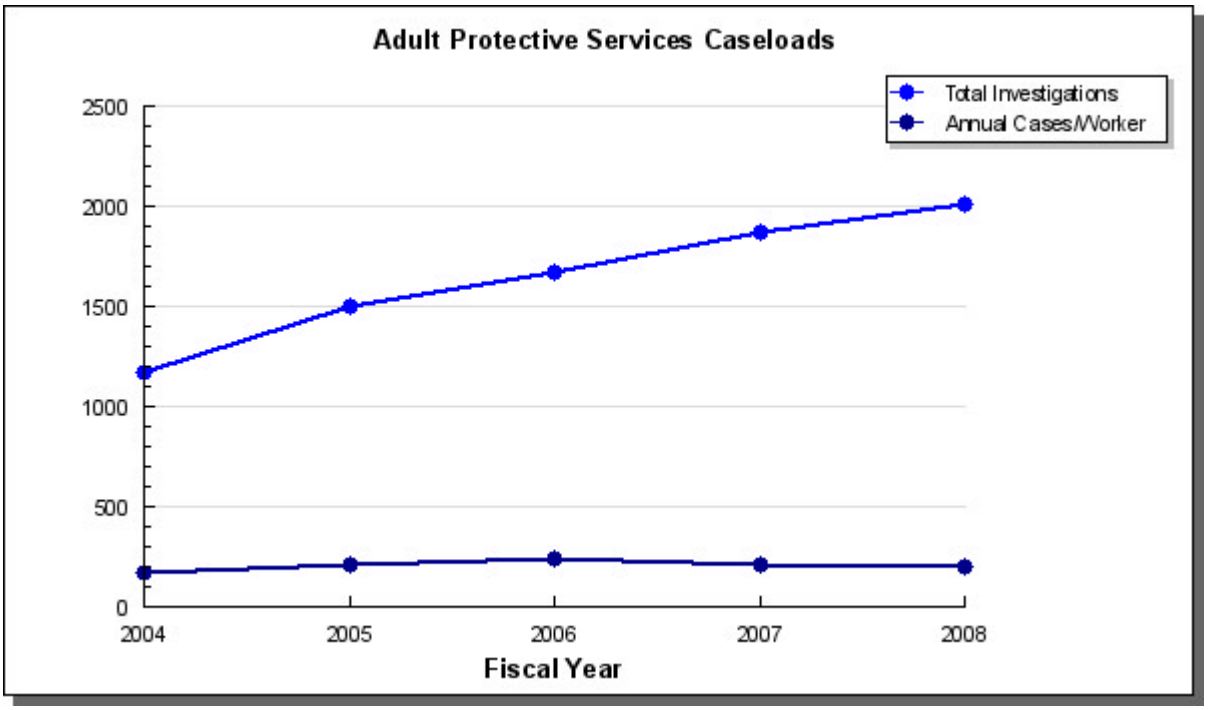
Fiscal Year	Error Rate
FY 2007	7.03%
FY 2006	5.61%
FY 2005	2.63%

Analysis of results and challenges: The chart shows SDS Medicaid programs that have been audited by Myers and Stauffer and the percentage of audit exceptions that have been assigned to each program after audit findings have been presented to the appropriate agencies and have been given a chance to respond. This process eliminates some intial audit findings. Audits are completed in the spring following the end of each fiscal year. FY08 audits will be completed in the spring of 2009.

B1: Strategy - Develop, implement and maintain an on-going system of review and improvement through Technical Assistance Plans for each grantee and provider agency. Provide eight care coordination training sessions each year in Alaskan communities.

C: Result - Ensure manageable caseload number in Adult Protective Services (APS) and Quality Assurance Units to provide timely investigations.

Target #1: Reduce APS staff assigned case loads by 10%.
Status #1: The National Adult Protective Services Association recommends an average case load of 25 cases per worker. The national average is approximately 35 cases per worker. SDS Adult Protective Services staff carry case loads of approximately 78 cases per case investigator, more than 3 times the recommended national average.

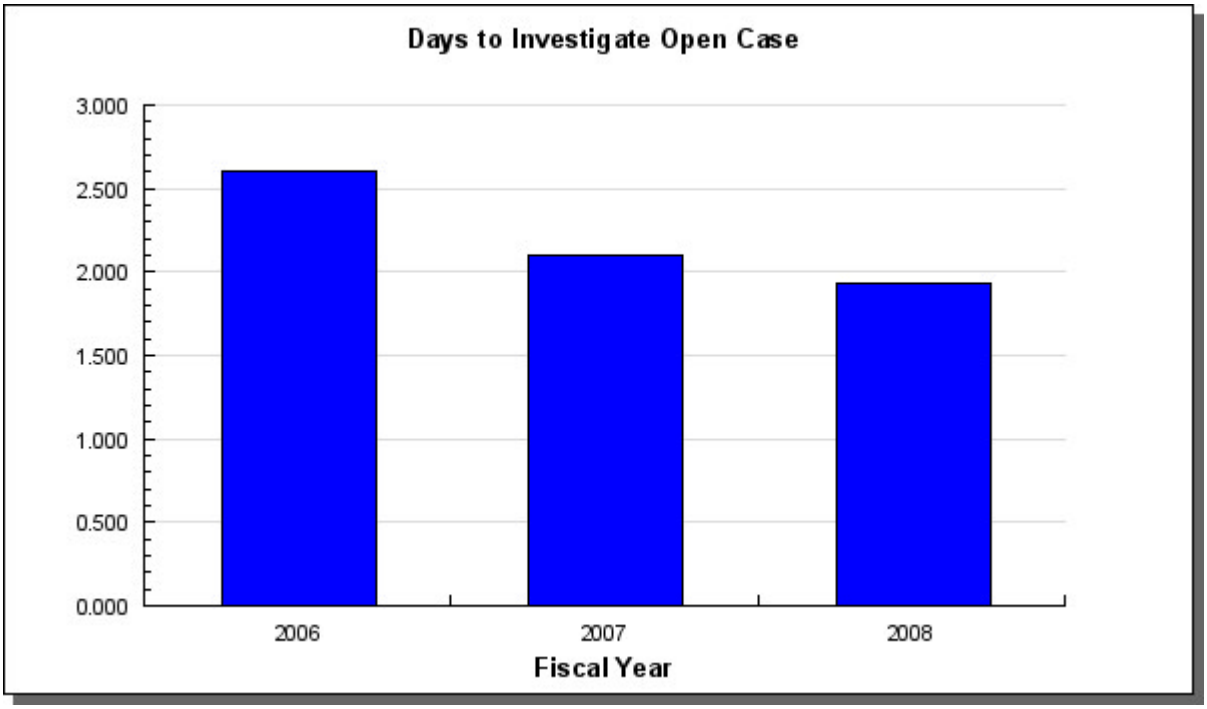


Adult Protective Services Caseloads

Fiscal Year	Total Investigations	Full Time Workers	Annual Cases/Worker	Days to Investigate
FY 2008	2013 +7.88%	10 +11.11%	196 -5.31%	2.24 +6.67%
FY 2007	1866 +12%	9 +28.57%	207 -13.03%	2.1 -19.23%
FY 2006	1666 +11.29%	7 0%	238 +11.21%	2.6 0%
FY 2005	1497 +27.62%	7 0%	214 +27.38%	0 0%
FY 2004	1173	7	168	0

Analysis of results and challenges: The annual caseload for an Adult Protective Services (APS) case worker was steadily on the rise from FY04 to FY06. From FY04 to FY05, the average caseload increased by more than 27%. From FY05 to FY06, the average caseload increased again, this time by more than 11%. From FY06 to FY07 the average caseload decreased by more than 13% after two new case workers were hired. Based on this unexpected growth, Senior and Disabilities Services has added five new positions since FY06. Because of these new positions, FY07 finally saw a decrease in the number of open cases per case worker. With the addition of two new positions in FY09, Senior and Disabilities Services will expect to see a decrease to the number of annual cases per case worker. The APS Unit received two new case manager positions in the FY09 budget and has just recently filled the last vacant position in the unit. With the new positions, the APS Unit will have four supervisors, seven case investigators, two case managers and two intake workers. With this many staff, SDS is optimistic that case load numbers will decrease to more manageable levels.

Target #2: Reduce length of time a case is open by 10%.
Status #2: Adult Protective Services case investigators have ten days to investigate a report of harm, abuse and/or neglect. The highest average number of days it takes to investigate a new case is 2.6 days.



Days to Investigate Open Case

Fiscal Year	Days to Investigated	YTD Total
FY 2008	1.932 -8%	1.932 -8%
FY 2007	2.1 -19.23%	2.1 -19.23%
FY 2006	2.6	2.6

Analysis of results and challenges: The average length of time it took to investigate a new case was approximately 2.6 days in FY06, when there were only seven case workers. In FY07, two additional case worker positions were added, bringing the average length of time to investigate a report of harm down to 2.1 days. In FY08, SDS added three additional positions, for a total of 12. With these new positions, Senior and Disabilities Services anticipates a decrease to the number of annual cases per worker of more than 13.75%. Senior and Disabilities Services anticipates that with additional new staff being added in FY08 that the number of days it takes to investigate a new case could drop to less than two days.

Component: General Relief/Temporary Assisted Living

Contribution to Department's Mission

To provide protection to Alaska's vulnerable adults.

Core Services

- This component was formerly known by component name Protection and Community Services. SDS has suggested changing the name of this component to General Relief/Temporary Assisted Living to more accurately reflect the program that is administered from this component.
- This component houses the General Relief/Temporary Assisted Living program for vulnerable adults over the age of 18 that need temporary assisted living. Referrals to this program are made by members of the community and Adult Protective Services case workers that receive and investigate reports of harm, abuse or neglect. It also pays for transportation costs to move these individuals out of their current living situation and into a safe living situation until permanent arrangements are made.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $3,488,700

Personnel:	
Full time	0
Part time	0
Total	0

Component: Senior and Disabilities Medicaid Services

Contribution to Department's Mission

To maximize the services available to all Alaskans who are entitled to Medicaid services.

Core Services

- Funds support institutional and community-based services for older Alaskans, children who are developmentally disabled, and adults with disabilities. The Medicaid program is jointly funded by the federal and state governments to assist in the provision of adequate and competent medical care to eligible persons. Some individuals receive care through Medicaid waiver programs which allow individuals to be served in non-institutional, home and community based settings rather than institututions.
- Nursing Facility Services include placement in a nursing institution which provides either an intermediate or skilled level of nursing care.
- Personal Care Services provide non-technical, hands-on assistance with activities of daily living (such as bathing, dressing, or grooming) and related instrumental activities of daily living (such as shopping or cooking) necessary to maintain the health and safety of the client in a home setting. Services are provided by personal care attendants through a qualified personal care agency. There are two methods of delivering personal care services: agency-based or consumer-directed.
- Home and Community Based Waiver Services provide long-term care services in home and community based settings to persons who need the level of care provided in a nursing facility or intermediate care facility for the mentally retarded but wish to remain in their own homes and communities to receive services.
- Medicaid services include care coordination, chore services, adult day services, day habilitation, environmental modifications, meals, respite care, residential care in alternatives such as assisted living or group homes, specialized medical equipment, specialized private duty nursing, supported employment, and transportation. Senior and Disabilities Medicaid Services component administers four Medicaid Waiver programs:
- Older Alaskan Waiver provides services to Medicaid eligible persons aged 65 and older who need the level of care provided in a nursing home.
- Adults with Physical Disabilities Waiver provides services to Medicaid eligible persons between the ages of 21 and 64 who need the level of care provided in a nursing home.
- Mental Retardation/Developmental Disability Waiver provides services to Medicaid eligible persons with mental retardation, autism, cerebral palsy, seizure disorder, or a condition that means the person functions as if having mental retardation. The person must also have a serious limitation in everyday functions of life and need the level of care provided in an intermediate care facility for the mentally retarded.
- Children with Complex Medical Conditions Waiver provides services to Medicaid eligible persons age 21 or younger having a severe, life threatening, chronic physical condition that is expected to continue for more than 30 days. The child also must be dependent upon medical care or technology and need the level of care provided in a nursing home or hospital.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $367,581,300

Personnel:	
Full time	0
Part time	0
Total	0

Component: Senior and Disabilities Services Administration

Contribution to Department's Mission

To provide oversight of the waiver and grant programs for Alaskan seniors and disabled individuals, and to provide administrative support to the program staff.

Core Services

- This component provides centralized support services for four Medicaid Waivers, the Personal Care Attendant and Nursing Home Medicaid programs, Adult Protective Services and Community Developmental Disabilities and Senior Grants programs.
- Services include general administration, budget development and fiscal management, contract administration, service system planning, development of service and training initiatives, maintenance and upgrade of the automated information systems, and oversight of the senior services and developmental disabilities grantee programs.
- Direct services include quality assurance, Adult Protective Services, technical assistance, case management and consultation, Nursing Home Facilities, Nursing Home Transitions and Personal Care Attendant through Medicaid Waivers and Grant programs.
- The division works closely with the Alaskan Commission on Aging, the Governor's Council on Disabilities and Special Education, and the Alaska Mental Health Trust Authority to determine policy governing the planning and implementation of services and supports for people who experience developmental disabilities or Alzheimer's Disease and related dementias.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $13,388,800

Personnel:	
Full time	124
Part time	1
Total	125

Component: Senior Community Based Grants

Contribution to Department's Mission

To maximize the independence of older Alaskans by allowing seniors to live a quality life in their own homes and communities.

Core Services

- The Nutrition, Transportation and Support Services (NTS) program provides assistance to Alaskan seniors 60 and over as authorized under Title III of the Older Americans Act and AS 47.65.
- Nutrition services include congregate meals that provide seniors aged 60+ with nutritious food, companionship, access to other senior resources and volunteer opportunities; and home-delivered meals for ill and homebound seniors.
- Transportation services include rides to high-priority destinations (congregate meals, adult day care, medical appointments and other non-emergency health care, pharmacies, employment and other essential support services); senior volunteer sites; and other activities as ride availability permits. Rides may include assisting those in need from their door to the vehicle.
- Support services include outreach to identify seniors in need of services, local information, assistance and referral services, homemaker services including assistance with appointments, preparing meals, shopping, chore services, statewide legal services, statewide media focused on senior issues and senior volunteer services in conjunction with the National Senior Services Corps (Senior Companions, Foster Grandparents, Retired Senior Volunteer Program).
- Preventive Health Services include direct services for evaluation of health and referral to health care providers and educational services.
- Provide grants to local and regional non-profit or government agencies for services needed to help keep frail seniors at home. Services Include: Adult Day Services; In-home respite care; Case management/care coordination services; Alzheimer's Disease and Related Dementia (ADRD) education and family support services; Substance abuse treatment for the elderly; Family Caregiver Support Program and Geriatric Education
- Grants provide community-based services to those with limited income and high care needs. Grants are provided to seniors living alone, living with unpaid care givers or living with paid caregivers in a residential setting such as an assisted living facility.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $12,685,600

Personnel:	
Full time	0
Part time	0
Total	0

Component: Senior Residential Services

Contribution to Department's Mission

To allow tribal elders to remain in their communities near their families.

Core Services

- This component provides grants to two rural providers (Maniilaq Association and Tanana Tribal Council) for group residential living with supportive services for frail rural elders. These facilities and local services offer an alternative to elders who may otherwise have to leave their homes and communities to live in an urban institution. Elders contribute to their room and board. Grant funding subsidizes the operating costs of the programs.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $815,000

Personnel:	
Full time	0
Part time	0
Total	0

Component: Community Developmental Disabilities Grants

Contribution to Department's Mission

The mission of the Developmental Disabilities Grants component is to improve and enhance the quality of life for consumers impacted by developmental disabilities.

Core Services

- The Community Developmental Disabilities Grants program provides assistance to eligible Alaskans with a developmental disability as defined in AS 47.80.900. Services Include:
- CORE SERVICES are basic supports or services that address a specific family's needs for more expensive long-term care. Although the plan for these services can be flexible, the funding for this service is limited to $3,000 per person per year.
- SHORT-TERM ASSISTANCE and REFERRAL services are limited supports or assistance (for 90 days or less) to avert a crisis or to allow the recipient to establish eligibility for generic public assistance benefit programs. Short-term assistance and referral services are available through local organizations in each census area.
- MINI-GRANTS are one-time awards to individuals to meet unfilled health and safety needs.
- INDIVIDUALIZED SERVICES are various direct services intended to meet a person's habilitation needs as defined by AS 47.80.900. An Individual Annual Plan is developed with the consumer and their family or guardian that defines the services the person is to receive and the goals and objectives of those services. Depending on a person's level of need, plans may include: Care Coordination, Chore Services, Environmental Modifications, Respite Care, Specialized Adaptive Equipment and Vocational Svcs

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $14,651,800

Personnel:	
Full time	0
Part time	0
Total	0

Departmental Support Services Results Delivery Unit

Contribution to Department's Mission

Provide quality administrative services in support of the Department's mission.

Core Services

- Provide Divisions with necessary information to improve compliance with federal and state laws/policies to ensure our fiduciary responsibilities are met.
- Improve DHSS staff knowledge and skills and maintain high morale to continually improve performance and services for Alaskans.
- Promote cost containment. Maximize revenue.
- Provide efficient centralized administrative support to nine DHSS Divisions across offices in Juneau and Anchorage.

End Result	Strategies to Achieve End Result
A: Facilitate the department's mission through superior (effective and efficient) delivery of administrative services. Target #1: The Department of Health and Social Services (DHSS) administration as a percentage of department overhead should be below 2%. Status #1: DHSS administration overhead costs have met the goal of being under 2% in each of the last four years (FY05 - FY08). Target #2: Process capital grant payments within five days. Status #2: In FY07 and 08 the department initiated internal changes in the payment request process. These efficiencies allowed us to exceed our goal of a 5-day turnaround.	
End Result	**Strategies to Achieve End Result**
B: Improve overall management of DHSS budget processes. Target #1: Improve legislative understanding of the DHSS budget. Status #1: In the most recent years (since FY04) response times to legislative requests have met or exceeded the 80% goal of responding to legislative inquiries withing five working days.	
End Result	**Strategies to Achieve End Result**
C: Facilitate the department's day-to-day operations through effective and efficient delivery of services.	

Target #1: Reduce the length of time and number of days to respond and close out service calls. Status #1: During FY08, IT struggled to provide timely response to service calls due to the increased number of applications, increased customers outside HSS and reliance on another department due to email migration. Target #2: 85% of construction projects completed on time and within budget. Status #2: Due to a change in the method for managing construction contracts, twice as many projects were completed in FY08 as the previous year.	

FY2010 Resources Allocated to Achieve Results

FY2010 Results Delivery Unit Budget: $48,870,300

Personnel:	
Full time	274
Part time	1
Total	275

Performance

A: Result - Facilitate the department's mission through superior (effective and efficient) delivery of administrative services.

Target #1: The Department of Health and Social Services (DHSS) administration as a percentage of department overhead should be below 2%.
Status #1: DHSS administration overhead costs have met the goal of being under 2% in each of the last four years (FY05 - FY08).

Percentage administration personal services is to total department FY budget

Year	YTD Total
2008	1.6%
2007	1.6%
2006	1.4%
2005	1.3%
2004	4.3%
2003	3.6%

Analysis of results and challenges: It is the goal of the Department of Health and Social Services (DHSS) to keep administrative costs as low as practicable.

Department administration personnel services equal all of Department Support Services RDU. This number is compared to the total DHSS expenditures. This is done once a year after the year is completed.

Target #2: Process capital grant payments within five days.
Status #2: In FY07 and 08 the department initiated internal changes in the payment request process. These efficiencies allowed us to exceed our goal of a 5-day turnaround.

Number of days to process a grant payment after receiving reports.

Fiscal Year	YTD Total
FY 2008	1.50 days
FY 2007	1.50 days
FY 2006	3.36 days
FY 2005	3.11 days
FY 2004	4.89 days
FY 2003	5.60 days

Analysis of results and challenges: In FY06, there were 93 capital grant payments, all processing within five days. In FY07, there were 101 capital grant payments, all processing within five days. In FY08 there were 131 capital grant payments, all processing within five days.

B: Result - Improve overall management of DHSS budget processes.

Target #1: Improve legislative understanding of the DHSS budget.
Status #1: In the most recent years (since FY04) response times to legislative requests have met or exceeded the 80% goal of responding to legislative inquiries withing five working days.

% of Responses for Legislative Requests made within five working days

Fiscal Year	YTD Total
FY 2008	79%
FY 2007	72%
FY 2006	80%
FY 2005	79%
FY 2004	78%
FY 2003	83%
FY 2002	83%

Analysis of results and challenges: It is important that policy makers working on key budget issues get their information timely in order to make decisions regarding the DHSS budget.

The budget section received approximately 147 requests in CY 2003, 186 in CY 2004 and 236 in FY 2005.

In previous years (2002 to 2004) the data was reported by calendar year, but starting in (2005) the data is collected by fiscal year. The average processing time for the 179 requests in FY 2006 was 3.52 days. 80% were completed within five working days.

In FY 2007, the number of requests increased to 191, and there were a number of complex requests that required a week or more to complete, resulting in an overall increase to the average number of days to respond. With the increased processing time and increased number of requests, the budget section still averaged a 4.16-day turnaround in responding to legislative budget requests even though the percentage of those responded to within five working days went down.

In FY08 requests dropped to 148, largely due to the reduced session time of 90 days. The average processing time also dropped to 3.9 working days with 118 of the requests receiving responses in less than 5 days.

C: Result - Facilitate the department's day-to-day operations through effective and efficient delivery of services.

Target #1: Reduce the length of time and number of days to respond and close out service calls.
Status #1: During FY08, IT struggled to provide timely response to service calls due to the increased number of applications, increased customers outside HSS and reliance on another department due to email migration.

Average Number of Days to Complete Service

Fiscal Year	YTD Total
FY 2008	9.9 days
FY 2007	7.1 days
FY 2006	4.9 days
FY 2005	8.2 days

Methodology: FY 2005 data represents only 3 quarters. This measure began at the start of the 2nd quarter. FY 2006, FY 2007 and FY2008 contain a full year.

Analysis of results and challenges: In late FY07, the tool used for measuring performance underwent restructuring and categories measured increased from 13 to 26. Examples of these categories are, but not limited to: setting up accounts, application work, password setup, procurement of equipment, relocation of equipment, security, training, software/web/hardware or file maintenance.

During FY08, ten new applications activated, including applications which incorporated additional customers from outside of the department. Without additional IT support staff, FY08 support incorporated an increase of customers and additional support requirements.

At the beginning of FY08, DHSS migrated from our internal Exchange email system to the Enterprise Exchange email. During this timeframe, customer call resolution response time increased due to the required interaction with staff outside our department and their response time. The number of days required to create or modify email accounts has increased from 3 days to approximately 7 days.

In addition, FY08 also saw an increase in long-term security and training projects. When customer service staff was committed to these projects, some delays resulted in routine service call response time.

Target #2: 85% of construction projects completed on time and within budget.
Status #2: Due to a change in the method for managing construction contracts, twice as many projects were completed in FY08 as the previous year.

Percent of Completed Construction Projects On Time and Within Budget.

Fiscal Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4	YTD Total
FY 2008	70%	83%	63%	81%	74.25%
FY 2007	64%	56%	78%	80%	73.00%
FY 2006	100%	100%	56%	85%	85.25%

Analysis of results and challenges: The Department began tracking construction projects in FY06.

In FY08 the department completed 81 projects, 65 of which were completed on time and 76 within budget. Twice as many projects were completed as in FY07. This is due to a change made in the method used internally for construction contract management. Changes made have increased performance, consistency, and quality of work.

Component: Public Affairs

Contribution to Department's Mission

The Public Affairs Unit helps the department fulfill its mission by facilitating and managing coordinated and consistent communication with internal and external stakeholders.

Core Services

- The Public Affairs Unit was created when the department consolidated communication functions to achieve consistency in communication efforts and to better serve the department in a unit that serves all divisions and programs. The Public Affairs Unit includes the functions of public information, publications and web-based communication (Public Information Team).
- The Public Affairs Unit ensures consistency and continuity in communication with stakeholders, helps promote health communications; and ensures transparency to the public regarding department activities, as well as ensures responsiveness to the media.
- Public Information Team members help programs communicate to external and internal stakeholders about department issues, activities, decisions, services, and health promotion efforts.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,960,100

Personnel:	
Full time	17
Part time	0
Total	17

Component: Quality Assurance and Audit

Contribution to Department's Mission

Program Integrity/Quality Assurance efforts focus on meeting and exceeding department and federal standards and requirements related to protecting program assets and assuring quality services.

Core Services

- Audits of Medical Assistance providers' claims
- Organize and chair functional Audit Committee
- Management and oversight of the contract audits mandated under Alaska Statute 47.05.200
- Compliance Officer contact and responsibility with the Center for Medicare and Medicaid Services
- Departmental contact for the Department of Law, Medicaid Fraud Control Unit (MFCU)
- Payment Error Rate Measurement (PERM)
- Leadership Team reporting and participation

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,174,600

Personnel:	
Full time	7
Part time	0
Total	7

Component: Unallocated Reduction

Contribution to Department's Mission

No mission statement.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $0

Personnel:	
Full time	0
Part time	0
Total	0

Component: Commissioner's Office

Contribution to Department's Mission

The mission of the Office of the Commissioner is to provide support and policy direction to the divisions and offices within the department to ensure the promotion and protection of the health and well-being of Alaskans.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $2,252,800

Personnel:	
Full time	14
Part time	0
Total	14

Component: Assessment and Planning

Contribution to Department's Mission

The department's mission is to promote and protect the health and well-being of Alaskans. This component will improve planning to achieve the mission.

Core Services

- Planning, assessment and forecasting activities for the Medicaid program.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $250,000

Personnel:	
Full time	0
Part time	0
Total	0

Component: Administrative Support Services

Contribution to Department's Mission

To provide quality administrative services that support the department's programs.

Core Services

- Financial management of all programs within the department
- Timely fiscal payments for all bills, travel and other payables
- Accurate and timely federal claims and reporting for the almost $1 billion in federal funds collected every year
- Purchasing and grant management services
- Coordination of all budget activities within the department

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $10,008,200

Personnel:	
Full time	100
Part time	0
Total	100

Component: Hearings and Appeals

Contribution to Department's Mission

The Office of Hearings and Appeals provides statutorily required hearings for health care facility appeals of Medicaid payment rates, as well as client appeals of Medicaid and Public Assistance.

Core Services

- This Office is responsible for adjudicating disputes between health care providers or other entities and the Department concerning rates, audit findings, and certificates of need. Formal hearings governed by the Administrative Procedure Act, AS 44.62.990, are conducted by Hearing Officers/Examiners who are attorneys. Afterwards, a proposed decision is submitted to the Commissioner and his/her decision is the final administrative action. The decision may be appealed to state Superior Court.
- Hearing Officers also conduct impartial administrative hearings and issue decisions required by state and/or federal statutes and regulations on public assistance fraud and more than 30 Department programs, including but not limited to: Adult Public Assistance, Temporary Assistance to Needy Families (TANF), Food Stamps, Medicaid, General Relief, Criminal Registry, and Child Care and Energy Assistance. Ultimately, the Hearing Officer's decision may be appealed to state Superior Court.
- Appeals from adults who are denied employment, volunteer opportunities or residence in child care facilities pursuant to 4 AAC 62.210.
- Appeals from providers or applicants denied participation in the child care assistance program pursuant to 4 AAC 65.185.
- Appeals of Medicaid providers on audit findings issued pursuant to AS 47.05.200.
- Food Stamp Intentional Program Violation hearings pursuant to 7 CFR 273.16.
- Appeals from applicants that are denied certification as Emergency Medical Technicians pursuant to 7 AAC 26.950. In addition, the component hears appeals from Emergency Medical Technicians denied recertification or whose certification is suspended or revoked pursuant to that same regulatory provision.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $764,200

Personnel:	
Full time	4
Part time	1
Total	5

Component: Medicaid School Based Admin Claims

Contribution to Department's Mission

To access school-based claims services to capture federal receipts under Title XIX of the Social Security Act for school district activities that support administration of the Medicaid program.

Core Services

- Improve health services access and availability for Medicaid eligible children and families.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $6,243,800

Personnel:	
Full time	0
Part time	0
Total	0

Component: Facilities Management

Contribution to Department's Mission

To provide quality administrative services that support the department's programs.

Core Services

- Staff in this component manage all capital appropriations to the Department, including planning, design, construction, equipment, capital grants and large IT development projects. On an on-going basis, the staff assess the long-term needs of the 43 facilities so they continue to meet the programmatic needs of the divisions. The Department's Safety Officer manages the Safety Program and provides oversight to divisions to comply with federal and state safety and health regulations.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,242,800

Personnel:	
Full time	10
Part time	0
Total	10

Component: Information Technology Services

Contribution to Department's Mission

To provide reliable and stable technology platforms in support of the department’s service delivery programs in as cost-effective and efficient a manner as possible.

Core Services

- Provide business solutions to promote and protect the health and well-being of Alaskans through the Business Applications Section.
- Provide quality support services for all technology used in the delivery of the department's service delivery programs through the Customer Services and Network Services Sections.
- Provide a secure technology environment to protect the privacy of all customers receiving services from the department through the Strategic Planning Office and Network Services Sections.
- Provide quality services through the deliberate and effective use of technology.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $15,573,700

Personnel:	
Full time	122
Part time	0
Total	122

Component: Facilities Maintenance

Contribution to Department's Mission

No mission statement

Core Services

- Collect costs for facilities operations, maintenance and repair, renewal and replacement as defined in AS 35 Public Buildings, Works, and Improvements.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $2,454,900

Personnel:	
Full time	0
Part time	0
Total	0

Component: Pioneers' Homes Facilities Maintenance

Contribution to Department's Mission

To provide cost-effective, professional building maintenance support to occupants of Department of Health and Social Services (DHSS) state-owned and operated Pioneer Homes.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $2,125,000

Personnel:	
Full time	0
Part time	0
Total	0

Component: HSS State Facilities Rent

Contribution to Department's Mission

To fund necessary maintenance and help prevent future deferred maintenance problems for state-owned Department of Health and Social Services facilities included in the state facilities rent pool.

Core Services

- Pay rent or lease costs to the Department of Administration through the State Facilities Rent component to ensure the Department of Health and Social Services facilities are well maintained and fully occupied.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $4,820,200

Personnel:	
Full time	0
Part time	0
Total	0

Boards and Commissions Results Delivery Unit

Contribution to Department's Mission

Ensure the health and well-being of Alaskans through planning, policy development, program evaluation, access, capacity building, advocacy, systems change, and on-going broad-based public input.

Core Services

- The boards and commissions promote and protect the health and well-being of all Alaskans by providing input into the Comprehensive Integrated Mental Health Plan and by implementing the following statutory requirements.
- The Alaska Mental Health Board (AMHB) is the state planning and coordinating agency for purposes of federal laws relating to mental health programs. The AMHB is responsible for planning, evaluating, and advocating for the statewide mental/behavioral health program and providing sufficient resources to ensure quality services. The AMHB also provides a public forum so that Alaskans at risk of, or experiencing mental illness, have the opportunity to express their opinion of the system of care.
- The Advisory Board on Alcoholism and Drug Abuse (ABADA) is the state planning agency that advocates for policies, programs, and services that help Alaskans achieve healthy and productive lives, free from the devastating effects of the abuse of alcohol and other substances.
- The Alaska Commission on Aging (ACoA) is responsible for promoting the independence, honor, and dignity of all older Alaskans and providing support for their family caregivers by planning services, advocating for legislation, educating Alaskans about senior issues, and preparing the Alaska State Plan for Senior Services in accordance with the Older Americans Act.
- The Governor's Council on Disabilities and Special Education is charged with improving the lives of Alaskans with developmental and other severe disabilities, students receiving special education services, and infants and toddlers with disabilities through capacity building, systems change and advocacy.
- The Pioneers' Home Advisory Board supports the Pioneer Homes by conducting annual meetings regarding inspections of the property, holding public hearings, and reviewing procedures of the Homes.

FY2010 Resources Allocated to Achieve Results

FY2010 Results Delivery Unit Budget: $4,640,000

Personnel:	
Full time	18
Part time	1
Total	19

Component: AK Mental Health & Alcohol & Drug Abuse Boards

Contribution to Department's Mission

Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board (AMHB) Joint Vision: Alaskans Living Healthy and Productive Lives.

ABADA. In partnership with the public, the Advisory Board on Alcoholism and Drug Abuse plans and advocates for policies, programs, and services that help Alaskans achieve healthy and productive lives, free from the devastating effects of the abuse of alcohol and other substances.

AMHB. The mission of the Alaska Mental Health Board is to ensure an integrated, comprehensive mental health program for persons with mental disorders in Alaska. The board is the state planning and coordinating agency for the purpose of federal and state laws relating to the mental health program for the state. The board is also tasked with evaluating the effectiveness of the program. The board advocates for Alaskans with mental disorders and those who may be at risk of mental disorders.

Core Services

- ABADA will advise the Legislature, the Governor, and state agencies on the following matters related to alcoholism or drug abuse: special problems affecting mental health; educational research and public informational activities; social problems that affect rehabilitation; legal processes that affect treatment and rehabilitation; development of programs of prevention, treatment, and rehabilitation; and evaluating the effectiveness of alcoholism and drug abuse programs in the state.
- ABADA will provide recommendations to the Alaska Mental Health Trust Authority concerning the integrated comprehensive mental health program for chronic alcoholics and the use of money in the mental health trust settlement income account.
- ABADA will act as the planning and coordinating body for purposes of federal and state laws relating to alcohol, drug and other substance abuse prevention and treatment services.
- ABADA will prepare and maintain a comprehensive plan of services for the prevention and treatment of alcohol, drug, and other substance abuse.
- AMHB shall prepare and maintain a comprehensive plan of treatment and rehabilitation services.
- AMHB will propose an annual implementation plan consistent with the comprehensive plan and with due regard for the findings from evaluation of existing programs.
- AMHB will provide a public forum for the discussion of issues related to mental health services for which the board has planning and coordinating responsibility.
- AMHB will advocate for the needs of persons with mental disorders before the Governor, executive agencies, the Legislature, and the public.
- AMHB will advise the Legislature, the Governor, the Alaska Mental Health Trust Authority, and other state agencies in matters affecting persons with mental disorders, including, but not limited to, development of necessary services for diagnosis, treatment, and rehabilitation; evaluate the effectiveness of programs in the state for diagnosis, treatment, and rehabilitation; legal processes that affect screening, diagnosis, treatment and rehabilitation.
- AMHB will provide to the Alaska Mental Health Trust Authority recommendations concerning the integrated comprehensive mental health program for those who are mentally ill or determined to need mental health services by the Legislature, and the use of money in the mental health trust settlement income account.
- AMHB will submit periodic reports regarding its planning, evaluation, advocacy, and other activities.
- ABADA and AMHB will prepare a shared plan for identifying behavioral health prevention and treatment needs of all Alaskans and advocate for a program that meets these needs; assist individuals with mental health and substance abuse problems to advocate for themselves and their communities with the Legislature and administration.
- ABADA and AMHB will identify long-term sustainable funding mechanisms for behavioral health programs; and assure that the mental health program is guided by the assertion that recovery from mental illness and substance dependency is possible for all board beneficiaries.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,023,800

Personnel:	
Full time	6
Part time	0
Total	6

Component: Commission on Aging

Contribution to Department's Mission

To advocate for policies, programs and services that promote the dignity and independence of Alaska's seniors and to help them maintain a meaningful quality of life. Alaska Commission on Aging (ACoA) participates in the planning of the comprehensive integrated mental health plan and provides recommendations to the Department for the development of other health or service plans that impact the quality of life of older Alaskans.

Core Services

- Prepare and approve a comprehensive statewide plan for services and programs as required by statute and the Older Americans Act, to address the current and future needs of older Alaskans and their caregivers. This plan is known as the "Alaska Commission on Aging State Plan for Senior Services".
- Encourage the development of municipal commissions serving older Alaskans and community-oriented programs for the benefit of older Alaskans that will assess local or regional needs and make recommendations to the ACoA.
- Help older Alaskans lead dignified, independent and useful lives.
- Request and receive reports and audits from state agencies and local institutions concerned with the conditions and needs of older Alaskans.
- With the approval of the Commissioner of Health and Social Services, set policy for the administration of federal programs subject to state control.
- Provide assistance on requests to the senior housing office in the Alaska Housing Finance Corporation in administration of the senior housing loan program.
- Provide to the Alaska Mental Health Trust Authority, for its review and consideration, recommendations concerning the integrated comprehensive mental health program for persons identified with Alzheimer's Disease and Related Disorders (ADRD) and their caregivers, and concerning the use of money in the mental health trust settlement income account.
- Gather data and conduct public meetings to ensure broad-based public interaction from older Alaskans, caregivers, providers, direct service workers, educators, local and tribal governments, and the private sector to analyze policy issues and service systems, to advocate for change to meet the future needs of older Alaskans and caregivers. Public meetings will be held across regions and include rural communities to ensure broad based public interaction.
- Recommend legislation, regulations, and appropriations to provide services and program development for older Alaskans and caregivers.
- Prepare an annual report for submission to the Governor and Legislature that analyzes existing services and programs, and includes recommendations for the future needs of older Alaskans and their caregivers.
- Promote community education efforts regarding the problems and concerns of older Alaskans.
- Advocate improved programs of benefit to older Alaskans.
- Set standards for levels of services for older Alaskans for programs administered by the commission.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $481,500

Personnel:	
Full time	4
Part time	0
Total	4

Component: Governor's Council on Disabilities and Special Education

Contribution to Department's Mission

The Governor’s Council on Disabilities and Special Education contributes to the department’s mission by conducting planning, capacity building, systems change and advocacy activities that promote and protect the health, well-being and quality of lives of Alaskans with developmental and other severe disabilities, students receiving special education services and infants and toddlers with disabilities. The Council serves as the State Council on Developmental Disabilities, the State Special Education Advisory Panel, the Interagency Coordinating Council on Infants and Toddlers with Disabilities and the governing board of the Special Education Service Agency. The Council also reports on the needs and status of Alaskans with developmental disabilities and makes budget recommendations on their behalf to the Alaska Mental Health Trust Authority (AMHTA).

Core Services

- Advocate the needs of individuals with disabilities before the executive and legislative branches of state government and the public.
- Advise the executive and legislative branches of state government and the private sector on programs and policies pertaining to current and potential services to individuals with disabilities and their families.
- Work with the Departments of Health and Social Services and Education and Early Development to prepare, adopt, periodically review and revise an annual state plan prescribing programs that meet the needs of persons with developmental disabilities.
- Review and comment on state plans and proposed regulations relating to programs for persons with disabilities before the adoption of a plan or regulation.
- Submit budget recommendations for services provided to individuals with disabilities.
- Provide information and guidance for the development of appropriate special education programs and services for children with disabilities.
- Monitor and evaluate budgets or other implementation plans and programs for individuals with disabilities to assure non-duplication of services and encourage efficient and coordinated use of federal, state and private resources in the provision of services.
- Provide recommendations to the AMHTA for the integrated comprehensive mental program and the use of money in the mental health trust settlement income account.
- Implement the capacity building, systems change and advocacy activities outlined in the Council's five-year strategic plan to improve services for Alaskans with disabilities and their families.
- Evaluate programs for consumer satisfaction, efficiency and effectiveness.
- Collect and analyze data about programs and services impacting the quality of life of people with developmental and other severe disabilities, students receiving special education services, and infants and toddlers with disabilities.
- Review in-state and out-of-state programs for people with disabilities, students receiving special education services, and infants and toddlers with disabilities.
- Solicit comments about public policy and state-funded programs.
- Convene stakeholders to study issues affecting the lives of Alaskans with disabilities and make recommendations for change.
- Submit findings and recommendations to policymakers, including the administration, Legislature and the congressional delegation and advocate for needed changes.
- Assist individuals with disabilities and their families to speak on their own behalf and on behalf of others in the development of regulation and legislation.
- Provide support to assist individuals with developmental disabilities to become leaders and to participate in cross-disability coalitions.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $3,121,000

Personnel:	
Full time	8
Part time	1
Total	9

Component: Pioneers Homes Advisory Board

Contribution to Department's Mission

The mission of this board is to conduct annual inspections of the properties and review admission procedures of the Alaska Pioneer Homes. The board then makes recommendations to the Governor for changes or improvements.

Core Services

- Conducting annual meetings regarding inspections of the property, holding public hearings, and reviewing procedures of the Homes.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $13,700

Personnel:	
Full time	0
Part time	0
Total	0

RDU/Component: Human Services Community Matching Grant

(There is only one component in this RDU. To reduce duplicate information, we did not print a separate RDU section.)

Contribution to Department's Mission

The mission of the Human Services Community Matching Grants is to provide funds to municipalities under AS 29.60.600.

Core Services

- AS 29.60.600 authorizes the department to make grants to qualified municipalities. Services from municipalities include, but are not limited to, the following: substance abuse treatment, mental health services, food and shelter for the low income, sexual assault shelters, domestic violence treatment, runaway shelters, health services for low income housing and rehabilitation for the physically and mentally ill. These services are purchased through contracts with non-profit sub-grantee agencies.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $1,485,300

Personnel:	
Full time	0
Part time	0
Total	0

RDU/Component: Community Initiative Matching Grants (non-statutory grants)

(There is only one component in this RDU. To reduce duplicate information, we did not print a separate RDU section.)

Contribution to Department's Mission

No mission statement.

FY2010 Resources Allocated to Achieve Results

FY2010 Component Budget: $686,000

Personnel:	
Full time	1
Part time	0
Total	1